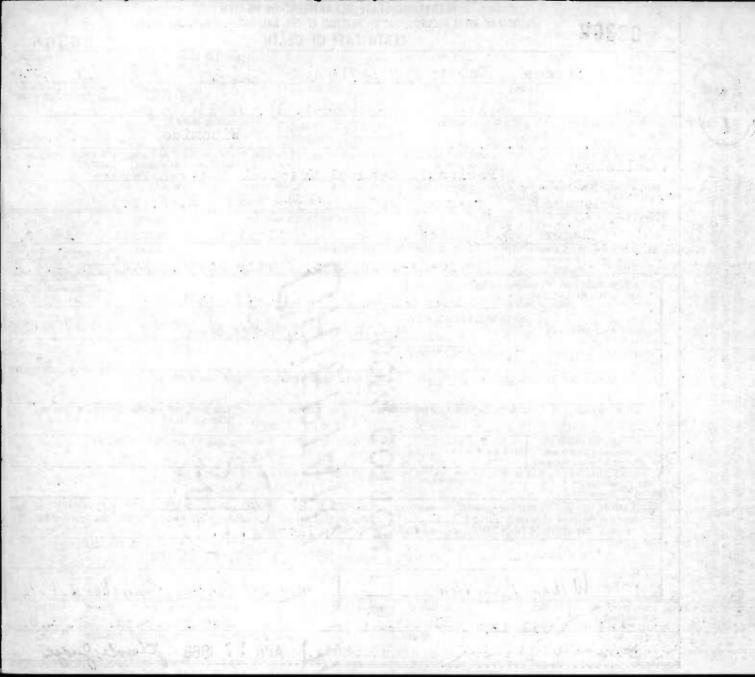
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Lost 2o. DATE OF DEATH 2b. HOUR DECEASED-NAME First PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death. 30 Month Yeor (Type or print) Horace Calvin IF UNDER 24 HRS. IF UNDER 1 YEAR 4. RACE DATE OF BIRTH 6. AGE (In years 3. SEX lost birthdoy) MONTHS Male Whi te Sept. 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED -NEVER MARRIED country) Wicomico WIDOWED DIVORCED [ 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital burial, cremation, or removal, and in any event, within 10. CITY OR TOWN OF DEATH during most of working life, even if retired.) INDUS Hospital Retired Farmer give street oddress) Peninsula INDUSTRY Salisbury General 13e. STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 12c. CITY OR TOWN 13d INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY Sussex Federalshu aware 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Lost First Adams Virginia Morris Adams Roger Address 16b. SOCIAL SECURITY NO. 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Federalsburg (If yes give war or dates of service) Yes, no. or unknown) Hickman 220-34-9493 Mrs. 18. CAUSE OF DEATH (Enter only one couse per line for (et): (b), and (c).) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) burial-tronsit rise to immediate couse (a), TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that Page 4 may be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) be detached for use as the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO T 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY County Stote City or Town While Not while at work 220. I certify that (I) (this hospital) attended the deceased fram April and that in (my) (aur) apinian deoth accurred on the date and haur and fram the saw the deceased alive an April 8 19 causes stoted above, (I) (we) (did) (did not) view the body after death. 11:50 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. MED. DIRECTOR directar, page 3 should be filed v 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Medica 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) Federalsburg, Bloomery ADDRESS 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR DATEAPR 1968 Federalsburg, 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06303 CERTIFICATE OF DEATH 06309 DECEASED-NAME First Middle Last 2g DATE OF DEATH 2b. HOUR law requires that the death certificate be executed within 24 habrs after death. (Type ar print) Manth signed by the attending physician and campletely filled in by the Exheral burial-transit permit. Then please remave carban papers. Pages 1 and burial, crematian, ar remaval, and in any event, within 72 haurs after dedt LUCY ELLEN ADKINS 5:40P M 4 RACE S. DATE OF BIRTH IF UNDER 24 HRS. 3. SEX 6. AGE (In years IF UNDER 1 YEAR last birthday) 8-1-1879 White Female 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country vland U.S.A. Wicomico WIDOWED A DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Pr. Sanitarium during most of working life, even if retired.) INDUSTRY Home Salisbury 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE Maryland 13b. COUNTY Wicomico 215 Glen Ave., YES FXT NO T Salisbury 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle First Middle Peyton Pollitt Levin Emma. 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 21 Addresslen Ave., Mrs. Herbert G. Wallace Yes, pappr unknown) Salisbury, Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY 2 deur IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the priar tak attending has been 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING use as CAUSES OF DEATH? NO X YES 🖂 far use Health O FUNERAL DIRECTOR: After this certificate be retained by the haspital ar 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Nat while at wark 22a. I certify that (1) (this haspital) aftended the deceased from Mach., 1964, ta 1964, 1964, that (1) (we) last saw the deceased alive an 1964, and that in (my) (our) opinion death accurred an the date and haur and from the shauld be causes stated abave, (4) (we) (did) (did not) view the bady after death 22b. SIGNATURE ATTENDING MED. DIRECTOR directar, page 3 shauld be filed DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Dr. Robert T. Adkins Fruitland, Maryland 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (Caunty) (State) 23a. BURIAL CREMATION REMOVAL (Specify) Salisbury, Wicomico, Maryland Wicomico Memorial Park 4-9-1968

Salisbury, Maryland

24. FUNERAL DIRECTOR

Hill Funeral Home

Ylorman TiBaker

VR A15 (4) ~ 30M REV, 1/68 2Sa. REC'D BY REGISTRAR

1968

2Sb. REGISTRAR'S SIGNATURE

the first of the control of the control of the control of 

Salisbury

West Funeral Home

10M REV. 1/68

Year

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

hours

BETWEEN ONSET AND DEATH

days

20. AUTOPSY?

State

ond in my opinion

(State

County

4-10-68

LCOYMILL

(County)>

3631

Year

**INDUSTRY** 

A DESCRIPTION OF THE PROPERTY pant that are while the property of the latest schedule Complete the Cartical States of the Complete Com Part To the and the state of the control of the con

1	I tem 6 Film G39 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
) L	CERTIFICATE OF DEATH	06311
	DECEASED-NAME First Middle Last 20. DATE OF DEATH (Type ar print) Homer BROWN Balley 20. DATE OF DEATH  SEX 15. DATE OF BIRTH  16. AGE (In years	Year 2b. HOUR-
	make white aprel 10, 1893 last birthday) YRS.	MONTHS DAYS HOURS MIN.
cc	with delawase U.S. Widowed Divorced Wicomico	Mo
80	Salisbury  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital Salisbury  12a. USUAL OCCUPATION (Kind of work done spiral story)  13b. NAME OF HOSPITAL OR INSTITUTION (If not in hospital story)  12a. USUAL OCCUPATION (Kind of work done spiral story)  12b. Name Of Hospital Salisbury  12c. USUAL OCCUPATION (Kind of work done spiral story)  12c. USUAL OCCUPATION (Kind of work done spiral story)  12c. USUAL OCCUPATION (Kind of work done spiral story)  12c. USUAL OCCUPATION (Kind of work done spiral story)  12c. USUAL OCCUPATION (Kind of work done spiral story)  12c. USUAL OCCUPATION (Kind of work done spiral story)  12c. USUAL OCCUPATION (Kind of work done spiral story)  12c. USUAL OCCUPATION (Kind of work done spiral story)  12c. USUAL OCCUPATION (Kind of work done spiral story)  12c. USUAL OCCUPATION (Kind of work done spiral story)  12c. USUAL OCCUPATION (Kind of work done spiral story)  12c. USUAL OCCUPATION (Kind of work done spiral story)	12b. KIND OF BUSINESS OR INDUSTRY
) ) 100	D. USUAL RESIDENCE (Where deceosed lived, if institution: Residence befare institution: Residenc	I
/ 14	FATHER'S NAME First Middle Barley 15. MOTHER'S MAIDEN NAME First Middle	Hatton
10	o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 219-03-2191 Lelliam M. Bailey R.S. 1	lmor, Mel.
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Corellial  TOTAL	APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH 3
	433 9 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave	
	rise to immediate cause (o), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF (c)	
3	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
2	Place Date of Operation 19b. Condition for which operation was performed 20a. Autopsy? 20b. If Yes, Were findings co	NSIDERED IN CERTIFYING
MEDICAL CE		rem 18.)
1	21d. INJURY OCCURRED While Not while at work at work at work	Caunty State
	220. I certify that (I) (this haspital) attended the deceased from, 19	
	22b. SIGNATURE  DEGREE ATTENDING DIRECTOR STAFF PHYS.  22c. DIRECTOR PHYS. C  22c. DIRECTOR PHYS. C  22c. ADDRESS  NAME (Type)	ATE SIGNED 4-1-68
23 24) 1/68	a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) 4468 Melson em  FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRARS DATE APR I I 1968 Page	(Caunty) (State)

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CFR	TIFIC	CATE	OF	DEA	HTA

06312

		CEASED-NAME First Middle ype or print)	lost	1-0	D. DATE OF DEATH	Doy Yeor	2b. HOUR
1	3. SE	X / ( JOHN PAYMON)	S. DATE (	DF BIRTH	6. AGE (In years	IF UNDER 1 YEAR	1F UNDER 24 HRS.
		W/hite/-MALVE White	Jul	4 23,18	398 lost hirthdoy)	RS. MONTHS DAYS	HOURS MIN.
-/	7o. E	IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER	MAKKIEU	DUNTY OF DEATH	Wicomi	0.0
	-	DELAWARE WA		DIVORCED	CUPATION (Kind of work do		11121
20	10. 0				f working life, even if retire		BUSINESS OR
46	13o. admi	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before ssion) STATE KD COUNTY	DAGSBOR	13d. INSIDE CITY LIMITS? YES NO	13e. STREET AND NUMBER		
3		ATHER'S NAME First Middle Bound	1s. MOTHER	S MAIDEN NAME First	W. Band	; BC,	Lost
		WAS DECEASED EVER IN U.S. ARMED FORCES? es, no/porunknown) (If yes give war ar dates of service)	NO. 17. INFORMAN		3 Addres		24
				DH S. D	VAKER, W		MATE INTERVAL
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (n)  PUP  TUP		06 1	A A. E.L. A V. S		ONSET AND DEATH
		11.11.1 2 11111201112 01032 (0)		DOMINAL	ANFURYS	17/2/	7 17 3
		DUE TO, OR AS A CONSEQUENCE OF				200	
		rise to immediate couse (a), (b)					
		stoting the underlying couse   DUE 10, OR AS A CONSEQUENCE OF lost. (c)					
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	MINAL DISEASE OR CONDI	TION GIVEN IN PART I(o)		
	N	451X					
2	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PE		AUTOPSY?	20b. IF YES, WERE FINDING CAUSES OF DEATH?	GS CONSIDERED IN CI	ERTIFYING
L		210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY		OCCURRED (Enter not	ure of injury in Port 1 or Por	t 2, Item 18.)	-
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (IIf either, notify medicol examiner)					
	ME	21d. INJURY OCCURRED While Not while of work Not work		Street or R.F.D. No.	City or Town	County	Stote
		22a. I certify that (I) (this hospital) attended the decease	ed fram 4/2	2 , 1968	ta 4/22	1968 , that	
		saw the deceased alive an 22 causes stated abave, (I) (we) (did (did not) view the	1968, and that in	(my) (pur) apiniar	n death accurred an the	e date and haur	and fram the
		22b. SIGNATURE	DEGREE PHY	ENDING MED.	STAFF	22c. DATE SIGNED	18
1		NAME (Type) JOHN M. BLOXOM	22e.	SALISB.		BYLARD	21801
	230.	predount to the	CEMETERY OR CREMATO	RY 23	d. LOCATION (City or Town)	(County)	(Stote)
	0:	DUKING BIRKIL -ING 11116	LISBORO	(Em. truck	IN ILLSBORD	OUSSEV,	+)EZ.
68	24.	FUNERAL DIRECTOR ADDRESS	forli Del	2So. REC'D BY RE	7 1968 REGISTR	ARX SIGNATURE	udge.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages Landshauld be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after deather the state Dept. VR A15 (4) 30M REV. 1/68

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital or attending physician.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Poge 4 may be retoined by the hospital or ottending physician.

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06313

	1. DECEASED-NAME First Middle (Type or print) EVA B	EAUCHAMP 2	APRIL 26 Day 1968 Va	b. HOUR
1	FEMALE 4. RACE WHITE	S. DATE OF BIRTH	lost birthday) MONTHS DAYS HOUL	RS MIN.
illed in popers.	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTE  12. NAME OF HOSPITAL OR INSTITUTE  13. PARTY LAND  14. S.P.  15. PARTY LAND  16. CITY OR TOWN OF DEATH	WIDOWED DIVORCED	COUPATION (Kind of work done of warking life, even if retired.)  Wicomico IZEL KIND OF BUSIN	
E & 9	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 1:	3c. CITY OR TOWN 13d. INSIDE CITY LIMITS?  CHANCE YES NO  15. MOTHER'S MAIDEN NAME First	13e. STREET AND NUMBER	ost .
on ond ise remidinor	JOHN PARKS	NETTIE	Jone	:S
physicic n plea val, an	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)  WO  UNKNOWN	EVA B, ANDERSON		15>1
nding print. The or remo	1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	NOMATOSES	BETWEEN ONSET AS	
signed by the ottending physicion ond coburiol-tronsit permit. Then please remoburiol, cremation, or removal, and in ony	153 DUE TO, OR AS A CONSEQUENCE OF	ACINOMA BT	COLON 3 YP	2 (
ertificate has been signied for use os the burion.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT  15 3 0  190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORM  190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORM  190. CONTRIBUTING 10 DEATH BUT NOT  190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORM  190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORM  190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORM  190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORM  190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORM  190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORM  190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORM  190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORM  190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORM  190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORM  190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORM  190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORM  190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORM  190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORM  190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORM  190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORM  190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORM  190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION FOR WHICH OPERATION WAS PERFORM FOR WHICH OPERATION FOR WHICH OPERA	ORMED 20a. AUTOPSY?	OITION GIVEN IN PART 1(a)  20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFY CAUSES OF DEATH?	VING
rtificate h d for use af Heolth	S   □ OR CONTRIBUTING □ CAUSE OF DEATH   HOUR A.M. Manth Day Yeor   P.M.   19	21c. HOW INJURY OCCURRED (Enter no	sture of injury in Port 1 ar Port 2, Item 1B.)	
this certi detached e Dept. a	at wark at wark	RY.) 21f. LOCATION Street or R.F.D. No.	City ar Tawn County	State
RAL DIRECTOR: After this ce page 3 should be detache be filed with the State Dept.	22a. I certify that (I) (this hospital) attended the deceased saw the deceased alive an	( and that in (my) (our) apinio	n death occurred an the date and haur and	( <del>we</del> ) las fram the
DIRECTO	22b. SIGNATURE BY Show TO Bloghong TI	DEGREE PHYS. MED.  ATTENDING MED. DIRECT	CTOR STAFF 22c. DATE, SIGNED 4/28/196	8
- 5 P	NAME (Type) VOHN/M. BLOXOI	Y III SALISB	URY , MARY LAND	
direct King	BERIOL 4-28-68 ROCK C	REEK CEMETERY	CHANCE Som. 1	itote)
VR A 5 (4) 30M REV 68	24. FUNERAL DIRECTOR Webster Princess	Inne my DATE	LEGISTRAR 256 REGISTRAR SIGNATURE	ye.

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ORE, MARYLAND 21201

000	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIM
308	CERTIFICATE OF DEATH

	06303	DIVISION OF			ATE OF	DEATH	more, ma	KILAND 2120		063	314
	ECEASED-NAME Fi Type or print)	rst IRA	Middle	Ben.	lost Ne T	7	20. DATE OF	Month		Yeor	2b. HOUR
3. SE		4. RACE			S. DATE OF B	IRTH		6. AGE (In years	IF UNDE	R 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
	remate	WH	tire.		Octob	er 15,1	889	last birthdoy)	RS.	DAIS	HOURS MIN.
COUL	BIRTHPLACE (State or foreign ntry)  Maryland	76. CITIZEN OF WH		WIDOWED		RCED		mico			Md.
	Salisbury	Pe		Gener	ral Ho		sl of working	(Kind of work do life, even if retire Sewi Fe	d.) IND	KIND OF E	BUSINESS OR
	USUAL RESIDENCE (Where decision) STATE MARY LAND	eosed lived, if institution 13b. COUNTY	on: Residence before	13c. CITY OR SALIS	1	13d. INSIDE CITY LIM YES NO		REET AND NUMBER		Luke	Road
14. 1	FATHER'S NAME First	Middle	Lost	15	. MOTHER'S M	AIDEN NAME Fir	rst	Middle			Lost
	George		Denso			Mary			047		tler
160.	(es, no, or unknown) (If yes gi	ARMED FORCES? ve war ar dates of service)	16b. SOCIAL SECURITY N		NFORMANT (	Daughte en Webb	r) , Balt	Addres imore, M	s816   arylan	nd	
	18. CAUSE OF DEATH (Enter PART 1. DEATH WAS CAL IMMI Conditions, if ony, which gov rise to immediate couse (c stating the underlying cou- lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR A  (c)  DISED BY:  DUE TO, OR A  (c)	S A CONSEQUENCE OF	ary	the termina	antos	ondition give	N IN PART 1(o)			AATE INTERVAL VSET AND DEATH
CERTIFICATION	190. DATE OF OPERATION 1	9b. CONDITION FOR WHI	CH OPERATION WAS PER	FORMED	20a. AUTO			YES, WERE FINDINGS OF DEATH?	GS CONSIDER	RED IN CE	RTIFYING
MEDICAL CER	210. ACCIDENT WAS UNDERLED OF CONTRIBUTING CAUSE OF CITY (If either, notify medicol except)	DEATH HOUR A.M. P.M.	Month Doy Year		OW INJURY OC	CURRED (Enter	noture of inju	ry in Port 1 or Port	t 2, Item 18	.)	
W	ot work ot work		AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.			et or R.F.D. No.		or Town	Coun		Stote
		alive an	did not) view the b	9 6 1, an	d that in (n		oc, to /	accurred on the	dote one	haur d	(I) (we) last and from the
	22b. SIGNAPURE	- Det	Vers	DEGR	- 11113.	DII	ED. RECTOR	STAFF PHYS.	22c. DATE SI	11	e68
,	22d. PHYSICIAN'S NAME (Type) Dr.	Robert T.	Adkins		22e. AD	uitland					
230.	DEMOVAL (Conside)	b. DATE oril 18,196	23c. NAME OF C			Los pecie pu	23d. LOCATIO			"	(Stote) Co., Md.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death Poge 4 may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** After this certificote hos been signed by the attending physician and completely filled in by a director, page 3 should be detached for use os the buriol-tronsit permit. Then please remove carbon papers. Pageshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours

VR A15 (4) 30M REV. 1/68

SALISBURY, MAR YLAND HOLLOWAY & COMPANY,

19 1968

The second of th The state of the s s to the policy for the man dead Line. 600) (1.47) STREET, STATE OF STREET, VANADAL CO.

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

06315

	ECEASED-NAME	First		Middle		Lost	20.	DATE OF DEATH			2b. HOUR
(	Type or print)	WILL	LIAM	HENRY	BEN	NETT		Aprilont	18°y	1968	3 M
3. SI	EX		4. RACE			. DATE OF BIRT	Н	6. AGE (		UNDER 1 YEAR	IF UNDER 24 HRS.
	Male		Whit	:e		July 4,	1877	lost bir	thdoy) YRS. Mo	ONTHS DAYS	HOURS MIN.
	BIRTHPLACE (Stote or fo	reign	7b. CITIZEN OF WHAT	COUNTRY?	8. MARRIED	NEVER MARRI	9. <b>COI</b>	JNTY OF DEATH			
COUI	Maryland	1	UBA		WIDOWED			ICOMICO			Md
10. (	CITY OR TOWN OF DEAT	Н			NSTITUTION (If no	in hospitol		UPATION (Kind of			BUSINESS OR
10	Salisbu	,	Spri		Sanitar		Enginee	working life, even	er Makel	INDUSTRY r Rai	ilroad_
odm	USUAL RESIDENCE (Whission) STATE Mary	ere deceose /1and	13b. COUNTYW1 C	Residence befor	Salish		d. INSIDE CITY LIMITS?	#99 Sy	NUMBER 1via Sti	reet	
		rst	Middle	Lost	ls.	MOTHER'S MAII	DEN NAME First	1	Middle	100	Lost
		anklir		Benn			Josephi	ne		Lope	
160.	. WAS DECEASED EVER I			b. SOCIAL SECURIT	Y NO. 17. IN	FORMANT ( n	aughter)		AddressD D		Calhoun
Y	(es, no, or unknown)	(If yes give wo	or dates of service) Sh America	n 215-1							
	18. CAUSE OF DEATH					11 3.0 01	ay con ca	1	7, 3011.	APPROXI	IMATE INTERVAL ONSET AND DEATH
	PART I. DEATH V	AS CAUSED	BY:	Vara		20.0	21 1	ual de	112-1	REIWEEN C	JMSEL AND DEATH
	4120	IMMEDIAI	DUE TO, OR AS A			our	er ru	and se	alang.		CI Charle
	Conditions, if any, w	ich gove		CONSECUENCE	Jr.					100	
	rise to immediate c		(b) DUE TO, OR AS A	CONSEQUENCE C	)E						
	stoting the underlyi	ig couse	(4)	CONSEQUENCE							
	PART 2. OTHER SIGNI	ICANT CON	DITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO	THE TERMINAL I	DISEASE OR CONDITI	ON GIVEN IN PART	1(o)	-	
_	442 x		-1								
CERTIFICATION	190. DATE OF OPERATIO	N 19b. C	ONDITION FOR WHICH	OPERATION WAS	PERFORMED	20a. AUTOPS	Y?	20b. IF YES, WER	FINDINGS CONS	IDERED IN C	ERTIFYING
IFIG.						YES 🗆	NO K	CAUSES OF DEATH	15		
GRI	21o. ACCIDENT WAS	JNDERLYING	21b. TIME OF IN	JURY	21c. HOV			e of injury in Port	1 or Port 2, Item	n 18.)	-4
MEDICAL	OR CONTRIBUTING (If either, notify med			Month Doy Yes	or 19						
MED	21d. INJURY OCCURR	D 21e.	PLACE OF INJURY (AT	HOME, FARM, STREET,		ATION Street	or R.F.D. No.	City or Town	(	County	Stote
	While Not while of work		OF	FICE BUILDING, ETC.	/					100	
	220 L certify the	it (I) (this	hospital) attend	led the decen	sed fram	3-2	- 1967	ta_ 4/-,	196	that	(I) (we) last
	saw the de	eased ali	ive an , (I) (we) (did) (di	12	19 68, and	that in (my)	(our) opinian	death accurred	on the date	and haur	and from the
		d above,	, (I) (we) (did) (di	d nat) view th	e bady ofter de	eath.					
	22b. SIGNATURE	2	- X	0 /		ATTENDING	MED.	STAFF		TE SIGNED	
	Mest	11	1 tus	Leng-	DEGRE		MED. DIRECTO	R L PHYS.	□ Apri	1/7	/1968
	22d. PHYSICIAN'S NAME (Type)	P. PI	nilip A. I	nsley		22e. ADDRE		Street,	Salisbu	rv. M	arvland
230	. BURIAL, CREMATION,	23b. D	ATF	23c. NAME O	F CEMETERY OR C			LOCATION (City of		(County)	(Stote)
100.	BEMOVAL (Specify)		il 20,1968		ns Ceme			lisbury,			
24.	FUNERAL DIRECTOR	1,61	209,1900	ADDRE			So. REC'DARD AG	STRAIR 10250	REGISTANTSIG	NATURE .	1 4
	HOLLOWAY &	COMI	PANY. SALT	SBURY.	MARYLANI		וויין וויין	# 0 1000	fine	may y	mage.

nd 2 leath. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. P should be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haug

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CONTRACT AND SECURITION

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death.

Page 4 may be retoined by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicion and completely filled in by director, page 3 should be detoched for use as the buriol-transit permit. Then please remave carbon papers. Should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 habra

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

	00022	and the same of th	LIVITION	IL OI DEATH			UU	O L
	CEASED-NAME First	Middle	0	Last	2a. DATE OF I	Manada David	Year	2b. HOUR
(1	NAN NAN	thizabeth	BRA	DLey	APRIL	-27	1960	8 4 3 M
3. SE	/-	4. RACE	S.	DATE OF BIRTH	201	6. AGE (In years last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	remale	white	1.	1-23-18	72	76 YRS.		
70. E	IRTHPLACE (State ar fareign 7	b. CITIZEN OF WHAT COUNTRY?		NEVER MARRIED	9. COUNTY OF I		icomi	20
	MARY LAND	U,S,A.	WIDOWED _	DIVORCED	AL OSSUBATION A			IVIQ.
10. C	ITY OR TOWN OF DEATH Sabisbury	11. NAME OF HOSPITAL OR INS PERITASSIDA (	Genera		1st af porking l	//-	INDUSTRY	PS: C
13a. admi	USUAL RESIDENCE (Where deceased ssian) STATE MARYLAND	lived, if institution; Residence before 13b. COUNTYWICOMICO	SALISBUR			Smith	ST.,	
	ATHER'S NAME FIRST THO MAS	J. BRAJL	15. A	OTHER'S MAIDEN NAME	First	Middle	Woo	LLeN
16a.	WAS DECEASED EVER IN U.S. ARMED	FORCES? 16b. SOCIAL SECURITY I	NO. / 17. INF	DRMANT	- 0 (	Address	1 0	_ 1
Y	es, na vunknawn) (If yes give war	120-34-95	590 m	vs. gosiph	Shorbst	ey Rt. 1 M	ardelse	, mol.
		ane cause per line far (a), (b), and (c).	) ,		8.31		BETWEEN O	MATE INTERVAL INSET AND DEATH
	PART 1. DEATH WAS CAUSED 1	CAUSE (a) Myca	redial	infanc'	FION			
	4109	DUE TO, OR AS A CONSEQUENCE OF		10	1	100	1	
	(anditians, if any, which gave)	(b) acute	courd	estron-	failur	2	hn	->
	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF		+ 1000	+ 4.	-0-0	CIY.	1 9
	last.	(1) ORTER		roll vied		eare	191.	
	PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO T	HE TERMINAL DISEASE OR	CONDITION GIVEN	IN PART 1(a)		
NO	4201	AND THOSE SAME WILLIAM CORP. LTDAY WAS DE	DEODINED	LOO AUTODOVO	Tool It	YES, WERE FINDINGS C	ONCIDEDED IN C	EDTIEVING
CERTIFICATION	19a. DATE OF OPERATION 19b. CC	INDITION FOR WHICH OPERATION WAS PE	KFUKMED	20a. AUTOPSY?  YES NO	CALISES	OF DEATH?	ONSIDERED IN C	EKIIFTINO
	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		INJURY OCCURRED (Ente	er nature af injur	y in Part 1 ar Part 2,	Item 18.)	
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year P.M.						
MEL		LACE OF INJURY (AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.		TION Street ar R.F.D. No	a. City	ar Tawn	Caunty	State
	22a. I certify that (1) (this	haspital) attended the deceas	ed from	4-26,19	68, ta 1			(I) (we) last
	saw the deceased ali	haspital) attended the deceas	19 <u>66</u> , and 1	hat in (my) (aur) ap	inian death a	ccurred an the do	te and haur	and fram the
		(1) (we) (did) (did nat) view the	bady after de	ath.		1 00	DATE CICNED	
	22b, SIGNATURE	Bulkeley;	M.) DEGREE	PHYS.	MED. DIRECTOR	STAFF PHYS.	DATE SIGNED	68
	22d. PHYSICIAN'S NAME (Type) 6hN	BULKELEY		PINC BLU	S ROAL	SALISI	bury	md.
23a	BURIAL, CREMATION, 23b. DA REMOVAL (Specify) 4-	17E 23c. NAME OF 29-1968 FAST NE	CEMETERY OR CE	1/ "	23d. LOCATIO	N (City or Town) W MARK	e T. Do	(State) C, Md,
24.	FUNERAL DIRECTOR	ADDRESS		2Sa. REC'D	BY REGISTRAR	2Sb. REGISTRAR'S		
	Hill Funerali	Home SALISTU	MY MO	DATE MA	Y 0 1 18	368 galie	erles fo	egges

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	CERTIFICATE OF DEATH	1.0
	CEASED-NAME First Middle Lost 20. DATE OF DEATH	2b. HOUR
(1)	LILLIAN Wheatley DRINSTIELD APRIL 19 68	875
3. SE	X A RACE S. DATE OF BIRTH 96. AGE (In years I FUNDER I YEAR )	HOURS MIN.
	temale white 1/2/1893 74" YRS.	
70. B	SIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
COUL	MARILAND USA WIDOWED DIVORCED WICOMICO	M
10. C	ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol during most of working life, even if retired.)  12b. KIND OF B during most of working life, even if retired.)	USINESS OR
130	Salisbury Peninsula General Hospital  USUAL RESIDENCE (Where deceosed lived, if institution: Residence befoge 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. SIREET AND NUMBER	
	SSION) PLATERY LAND IS DORCHESTER GALESTOWN YES NOW RED	
14. F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
A	LBERT E. WHEATLEY JANE JONES	
160.	WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO.  17. INFORMANT  Address  Ad	m
	es, A or unknown) (It yes give wor or dates at service) 221-09-4593A. MRS. IMOGENE BRATTEN, TARSONS BUILD	ATE INTERVAL
	ID. CHOSE OF DEATH (Effect only one costs for mine to foll foll one felt	SET AND DEATH
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0)  COVECNOY OF CLUSION	
	DUE TO, OR AS A CONSEQUENCE OF	,
	Conditions, if ony, which gove rise to immediate couse (o), (b) arterior salente tearl ) clease	2
	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	0
	lost. (c) CATALON OF CONTRACT	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	in
NOL	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CER	RTIFYING
CERTIFICATION	YES NO CAUSES OF DEATH?	
CERT	21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.)	
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medicol exominer) P.M. 19	
WED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County	Stote
	Think I not write I	
	22a. I certify that (1) (this haspital) attended the deceased from	(I) (we) la
	saw the deceased alive an	na trom tr
	22b, SIGNATURE 22c, DATE SIGNED	
	Bulkeley M. DEGREE ATTENDING DIRECTOR DIRECTOR PHYS.	
	22d. PHYSICIAN'S 22e. ADDRESS	
	NÄME (Type)	
230.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	(Stote)
1.	BEHOWAL (Specify) 4/22/1968 GALESTOWN, (M)D	
24.	FUNERAL DIRECTOR 250. REGISTRAR 250. REGISTRAR 250. REGISTRAR'S SIGNATURE CHORES 250. REGISTRAR'S SIGNATURE	edge.
1	EWINAM FUNERALHOME SHARPTONN MDATE APR 23 1968 yourses for	0

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers(shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 h Page 4 may be retained by the haspital ar attending physician.

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death.

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	000=		CEK	IIFICATE OF DEATE			O T O
1. D	ECEASED-NAME First		Middle	Last	2a. DATE OF DEATH	D V	2b. HOUR
(	Type or print) Benjan	sid FRAI	NKLIN	Brittingham	A pri	Day Year	16819. N
3. S	EX	4. RACE	1 1-	S. DATE OF BIRTH	6. AGE (In	years IF UNDER 1 YEA	
	Male	W	hite	August 18,	1905 last birth	YRS. MONTHS DA	YS HOURS MIN.
7a.	BIRTHPLACE (State ar fareign	7b. CITIZEN OF WHAT	COUNTRY? 8. MJ	ARRIED NEVER MARRIED	9. COUNTY OF DEATH		
cau	Maryland	USA		OOWED DIVORCED	Wicomico		Mo
10.	CITY OR TOWN OF DEATH		OF HOSPITAL OR INSTITUTI	ON (If not in haspital 12a. U	SUAL OCCUPATION (Kind of w	ark dane 12b. KIND	OF BUSINESS OR
	Salisbury	Pen	insula Ge	neral Hospi	Prograf warking life, even if	retired.) INDUSTRY	egraph Co
	USUAL RESIDENCE (Where deceas		Residence before 13c.	CITY OR TOWN 13d. INSIDE CI		UMBER	291 2011 0
adn	nission) STATE Maryland	13b. COUNTY Wi	icomico :	Salisbury YES	NO□   912 Riv	verside Dri	ve
14.	FATHER'S NAME First	Middle	Last	IS. MOTHER'S MAIDEN NAM	E First	Middle	Last
	John	W.	Brittingh	am N	ettie		Fisher
	. WAS DECEASED EVER IN U.S. ARM	MED FORCES? 16	b. SOCIAL SECURITY NO.	17. INFORMANT (Wife)		Adyr Rivers	
	Yes, na, ar unknawn) (If yes give w	var or dates of service) 2	14-07-7043		Brittingham,	Salisbury,	Marylan
	18. CAUSE OF DEATH (Enter an	ly ane cause per lime t	or (a), (b), and (c).)	1 1 - 11	~ 1		ROXIMATE INTERVAL EN ONSET AND DEATH
	PART 1. DEATH WAS CAUSED		Terrock	eration Hear	A dise	ese	
	4129		CONSEQUENCE OF				
	Canditians, if any, which gave)		CONSEQUENCE OF			The same	
	rise to immediate couse (a),	(D)(D)	CONSEQUENCE OF				
	last. 42 00	(d)	CONSEQUENCE OF				
	- 7 2 0 0	IDITIONS CONTRIBUTING	TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE (	OR CONDITION GIVEN IN PART 1	(a)	
	Care	fret	Moran	boser		, ,	
CERTIFICATION	19g. DATE OF OPERATION 19b.	CONDITION FOR WHICH	OPERATION WAS PERFORM		20b. IF YES, WERE	FINDINGS CONSIDERED IN	N CERTIFYING
FICA				YES NO	CAUSES OF DEATH?		
CERT	21g. ACCIDENT WAS UNDERLYIN	IG 21b. TIME OF IN	JURY	21c. HOW INJURY OCCURRED (E		or Part 2. Item 18.)	
R	OR CONTRIBUTING CAUSE OF GEAT	TH HOUR A.M. A	Manth Day Year				
MEDICAL	(If either, natify medical examination 21d. INJURY OCCURRED 21e.		HOME, FARM, STREET, FACTORY, \	21f. LOCATION Street or R.F.D.	No. City or Town	County	State
	Trans Trans William	OF	FICE BUILDING, ETC.	Ziii Eddiiloit Siiddi di Kiribi	til, at takin		
	22a. I certify that (1) (th	is hasnital) Attone	led the deceased fro	oro That I PI	6/ tolland	19 19 6 th	nat (I) (we) las
	saw the deceased a	live on white	19 1961	_, and that in (my) faur)		n the date and har	ur and fram the
	causes stated above	(die, ()) (we) (die)	d nat) view the bady	after death.		2-1-5	1
	22b. SIGNATURE	11.1		ATTENDING	MED. STAFF	22c. DATE SIGNED	
	Manit X	reline	ne	DEGREE PHYS.	DIRECTOR PHYS.	April 2	0, 1968
	22d. PHYSICIAN'S			22e. ADDRESS		The Park	
	NAME (Type) Dr. [	David J. G	ilmore	Medical	Center, Salis	bury, Mary	land
230	BURIAL, CREMATION, 23b.	DATE	23c. NAME OF CEMET	ERY OR CREMATORY	23d. LOCATION (City or 1	(Caunty)	(State)
	BUY A Specify) Apr	il 22,1968	8 Parsons	Cemetery	Salisbury.	Wicomico,	Marylan
24.	FUNERAL DIRECTOR		ADDRESS	2Sa. REC'	D BY REGISTRAR   2Sb. R	REGISTRAR'S SIGNATURE	
	HOLLOWAY & CON	APANY. SAL	ISBURY, MAR	YLAND	400 0 0 4000	Melsonela	· Judge

**TO FUNERAL DIRECTOR:** After this certificate hos been signed by the ottending physicion and completely filled in by director, page 3 should be detached for use as the burial-tronsit permit. Then please remove corbon popers. Should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in ony event, within 72 how Poge 4 moy be retained by the hospital or ottending physician.

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours aft

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06314 CERTIFICATE OF DEATH Middle 20. DATE OF DEATH 2b. HQUR 1. DECEASED-NAME First Lost (Type or print) attending physicion ond completely filled in by the uppermit. Then please remove carbon popers. Pages on, or removol, ond in ony event, within 72 hours after 4. RACE DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR lost birthday) MONTHS HOURS 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Wicomico Wicomico WIDOWED X DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Ho sp during most of working life, even if retired.) PHYSICIAN: The low requires that the death certificate be executed within Salisbury 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 1S. MOTHER'S MAIDEN NAME First Lost Lost AM MMA 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no. or unknown) 18. CAUSE OF DEATH (Enter only one couse per time for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (d) signed by the attending buriol-transit permit. I buriol, cremation, or rer DUE TO, OR. Conditions, if ony, which gove ) rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse 20 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) Poge 4 moy be retained by the hospitol or attending as the O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO [ director, page 3 should be detached for use should be filed with the State Dept. of Health it 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor P.M. (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Not while of work 22a. I certify that (I) (this haspital) attended the deceased fram 7 and that in (my) (our) opinion death occurred on the date and haur and from the saw the deceased alive an 19 couses stated above, (1) (we) (did) (did nat) view the body after death. 220. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR DEGREE

NAME (Type) 230. BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23b. DATE (County) FRUITIA Wico. 250. REC'D BY REGISTRAR

PHYSICIAN'S

22d.

PHYS.

22e. ADDRESS

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energy i	electrofon (Ab. d		opilaristi Distriction and specific Tenden class from	
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		1.,		
	AT ANYTHTAL PA	MECHIO STEER	H. T. D. GARRYA	
	8361 <u>- 6 9</u> 44	De	seiontes me	it . Fire

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06322

IF LINDER 1 YEAR

INDUSTRY

DAYS

12b. KIND OF BUSINESS OR

Hospital

Dryden

BETWEEN DNSET AND DEATH

State

2b. HOUR

3:15P.N

IF LINDER 24 HRS

HDURS

Lost

06316 1. DECEASED-NAME First Middle 2g. DATE OF DEATH 4 Month 19 Day 6 FYear (Type or print) WASHINGTON RACE 3. SEX 6. AGE (In years last birthday) MALE CAUCASIAA 5-7-01 66 24 hours burial-transit permit. Then please remove corbon papers. Pa burial, cremotion, or removol, ond in ony event, within 72 hours 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. 81RTHPLACE (State or foreign 8. MARRIED T NEVER MARRIED Mary land USA WIDOWED [ DIVORCED completely filled 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done PHYSICIAN: The law requires that the deoth certificate be executed within give street address) WICOMICO NURSING HONE during most of working life, even if retired.

BOOTH ST. SALISBURY, MD. Retired - Attendant Salishury 130, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY Wicomico Hebron NO Church Street 1S. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Middle Last ond Georgia Brumbley Rosa George W. physicion 17. INFORMANT (Nephew) Address R.D.#2 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, na, ar unknown) (If yes give war or dates of service) Mr. Orville J. Riggin, Snow Hill, Maryland 212-12-3549 War 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise ta immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF Page 4 moy be retained by the hospital or ottending physician. stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) FUNERAL DIRECTOR: After this certificate has been irector, page 3 should be detoched for use as the director, page 3 should be detoched for use os the should be filed with the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) (AT HDME, FARM, STREET, FACTORY.) 21f. LOCATION Street ar R.F.D. Na. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town While Nat while at wark L at work 22a. I certify that (f) (this hospital) attended the deceased from 19 08, and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceased olive on\_ causes stoted above, (1) (we) (did) (did not) view the body after death. 22b, SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS. DIRECTOR 22e. ADDRESS PHYSICIAN'S NAME (Type) Sales 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION REMOVAL (Specify) Worcester Co., Md. 1968 Olivet Cemetery

VR A15 (4) 30M REV, 1/68

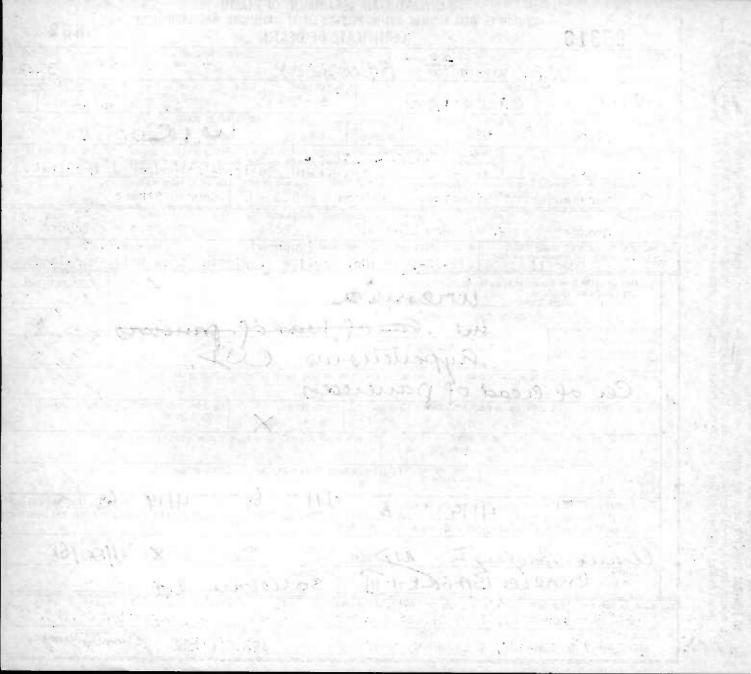
ADDRESS 24. FUNERAL DIRECTOR HOLLOWAY & COMPANY, SALISBURY, MARYLAND 2Sa. REC'D BY REGISTRAR APR

2Sb.

REGISTRAR'S SIGNATURE

(County)

County



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	CEASED-NAME	First		Middle		Last		2o. DATE	OF DEATH		V	2b. F	HOUR
(1)	ype ar print)	LLOYD	WASHINGTON		N	BURKE			April	18	196812:3		35 N
3. SE	X	4. R	ACE			S. DATE OF	BIRTH		6. AGE (In years		DER 1 YEAR	IF UNOER	
	Male		- 1	White		Apri	1 28, 1	903	lost birthday)	YRS. MONTH	IS OAYS	HOURS	MIN.
	IRTHPLACE (Stote or fore	eign 7b. CIT	IZEN OF WHA	T COUNTRY?	8. MARRIED	NEVER M	ARRIED	9. COUNTY	OF DEATH				
caun	Maryland		USA		WIDOWED		ORCED	WI	COMICO			3	Md
10. C	TY OR TOWN OF DEATH			E OF HOSPITAL OR INS	STITUTION (If r	at in haspita	120. USU	JAL OCCUPAT	ION (Kind of work do	ne 12	b. KIND OF I	BUSINESS	OR
	Salisbury						ta loufar	Mer work	ing life, even if retire	Fa.)	PUSTRY n	g	
13a. odmi:	USUAL RESIDENCE (Wher	e deceased lived land 13b.	, if institution COUNTY W	n: Residence before	Salis		13d. INSIDE CITY YES N		STREET AND NUMBER R. D. #3	2			
14. F	ATHER'S NAME First		Middle	Lost	1:	S. MOTHER'S	MAIDEN NAME	First	Middl	е		Lost	
	Geor	rqe		Burke			Joà	nna			TRU	ITT	
	WAS DECEASED EVER IN	U.S. ARMED FOR	CES? 1	6b. SOCIAL SECURITY I	NO. 17.	INFORMANT	(Wife)		Addres	S R.D.	#3		
	es, na, ar unknawn) (	ii yes give wor or ooles	OL 26: AICB)		Mr	s. Mi	nnie L	Burke	salisbu	ry. M	Mary1	and	
$\neg$	18. CAUSE OF DEATH	(Enter anly ane c	ause per line	for (a), (b), and (c).	)		> 1A				APPROXIM BETWEEN ON	NATE INTERV	VAL DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) AS HA Fiseon & Fully.												
	4/2.0 DUE TO, OR AS A CONSEQUENCE OF												
	Conditions, if ony, which gave)												
	inse to immediate couse (a), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF												
	last. (c) Phys hetic Italian last.												
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE VERMINAL DISEASE OF CONDITION GIVEN IN PART 1(a)												
Z	444x												
CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? YES NO							CAI	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
	The time of those of those of the time of time of the time of time												
MEDICAL	OR CONTRIBUTING CAUSE OF OFATH   HOUR A.M. Month Day Year   (If either, notify medical examiner)   P.M. 19												
	21d. INJURY OCCURRED While Not while of work	21e PLACE C	OF INJURY (	T HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LO	OCATION St	reet or R.F.D. No	a.	City or Town	Cou	nty	Si	tote
	22a. I certify that (I) (this hospital) attended the deceased from 22/62, 19, to 44/8/15 (19, that (I) (we) las												e) las
	saw the deceased alive on 3 / 6 19 , and that in (my) (aur) apinion death occurred on the date and haur and from the couses stated above, (I) (we) (did) (did not) view the body after death.												
	22b. SIGNATURE	2v(a	mi	Iden	MOEGI	11113.	)AU	MED. DIRECTOR [	STAFF PHYS.	22c. DATE S	1 19	/196	68
,	22d. PHYSICIAN'S NAME (Type) DI	r. Carri	e I.	Hearn		22e. A 226	N. Div	ision	St., Sali	sbury	, Md		
230.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	21 10/	23c. NAME OF				23d. LOC	ATION (City or Town)	(Car	unty)	(Stote	,
0.4		April 2	41,196	8   Wango		ery	TOC- DECANA	BALLONCE CONCERNA	Wango R 1968. REGIETE	MASIS SIGN	MIDE (	ary	Idu
24.	FUNERAL DIRECTOR	E COMPA	A2 VI			מאמ	ZSG. KEUD	A KE SELKS	י ושספי יייש	www.coshuff	2	0	

DATE

HOLLOWAY & COMPANY, SALISBURY, MARYLAND

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 should be detached far use as the burial-transit permit. Then please remave carban pagers, should be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 had VR A(8 (4) 30M REV. 1/68

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06324 Middle DECEASED-NAME First 2g. DATE OF DEATH (Type ar print) Month 4 RACE 3 SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) MONTHS HOURS YRS. 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign COUNTY OF DEATH MARRIED NEVER MARRIED Maryland WIDOWED [ DIVORCED Wicomico 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
Peninsula during most of working life, even if retired.) INDUSTRY Salisbury Hospital General Labor 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER NOT IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Last Middle Last John F. Butler Mildred Green 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, ar unknawn) I (If yes give war or dates of service) 217-02-9369 Quentico 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEAT PART I. DEATH WAS CAUSED BY Smorth IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 3 21 & 3/26 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES \_ NOV 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day (If either, natify medical examiner) P.M. ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Town Caunty OFFICE BUILDING, ETC. While . Nat while at wark at wark 22a. I certify that (I) (this haspital) attended the deceased fram\_ 416168 saw the deceased alive an.... \_19 and that in (aur) apinian death accurred an the date and have and fram the causes stated abave, (1) (westaid) (did not) view the bady after death 22b. SIGNATURI 22c. DATE SIGNED/ **ATTENDING** MED. DIRECTOR DEGREE PHYS. 22e. ADDRESS PHYSICIAN'S 22d NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. 23b. DATE 23d. LOCATION (City or Town) (Caunty) (State) REMOVAL (Specify) Buris FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

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deloy is and 3 to	I am		3. SEX	(	4. RACE	.5. DATE OF BIR		AGE (In years	IF UNDER 1 YEAR	R IF UNDER 24		. DATE PRO	NOUNCED DEAD	7-00	2d. HOUR	
del and	==			М	C	12-27	-52	last birthday)	MONTHS DAYS	S HOURS	MIN.	Month	Doy	S Year 19 3	:30P	
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Give Pages 1,	Stat		10. CI	Omico (	DEATH		AME OF HOSPITAL O						nd of work dan	e 12b. KIND OF BI	JSINESS OR	
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S 0 18.	2 with death.	22	od	missian) STATE	Md.	13b. COUNTY	icomico	Frui	tland	YES NO		S.	Divisi	on St.	11635	
em	l ond 2 after	1	14. FA	THER'S NAME	First	Middle	L.	ost	15. MOTHER'S A	MAIDEN NAME	First		Middle	le	ost	
24 h in It r's 0	s ar			Yes .	James	Christ	opher		Tre	ne Hui	t.t.					
cil i	pages				ER IN U.S. ARMED	FORCES?	16b. SOCIAL SECURI	TY NO. 1	7. INFORMANT				ADDRESS			
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ed in	Like.			18. CAUSE OF	DEATH (Enter or	ly one couse per li	ne for (o), (b), and							APPROXIMA	TE INTERVAL ET AND OEATH	
be executed "pending" in rief Medical E	permit. Fi			PART I. D	DEATH WAS CAUSE IMMEDI	D BY: ATE CAUSE (o)	Asphyxi	а	1000					Sudd	en	
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should e word o the Cl	ol-tro			stoting the un	derlying couse	DUE TO, OR	AS A CONSEQUENCE	OF								
sho e w	= . €	500		last.	NALL SA	(c)									-1	
s certificate should be executed within 24 hours ofter death e.e., writing the word "pending" in pencil in Item 18. Give Pages 1, forwarded to the Chief Medical Examiner's Office along with form	0			PART 2. OTHER	SIGNIFICANT COND	DITIONS CONTRIBUTE	NG TO DEATH BUT	NOT RELATED	TO THE TERMINA	L DISEASE OR CO	ONDITION G	GIVEN IN PA	RT 1(o)			
certificate writing th rwarded to	d os of, o	2.7	NO.	129.8									2 5 72			
wr	remavol,	9	CATI	190. DATE OF O	PERATION		19b. CONDITION FO WAS PERFORA		RATION					20. AUTOPSY?		
	be 1	2	CERTIFICATION		153									YES [	NO X	
4-	PO		IL CE	21a. EXTERNAL	CAUSE WAS R CONTRIBUTING	HOUR A	INJURY Month, Doy, M.	Yeor 2	1c. HOW INJURY	OCCURRED (Ente	er noture o	of injury in	Port 1 or Port	2, Item 18.)		
cer cer	yaur files. 'age 3 should cremation, or	-	ă l	CAUSE OF DEAT	'H	PE	W. 11-9-	88	Fell i	nto 12	2 ft	. ho	le ful	ll of wa		
the 4 sl	e 3	9	×	21d. INJURY OC	OT WHILE - fo	PLACE OF INJURY (A actory, affice buildin	At home, form, stre g, etc.)	et, 2	If. LOCATION Stre	eet or R.F.D. No.		City or T		County	Stote	
EXAMINER: ute the cert oge 4 should	Pag Pag	22		AT WORK		ounty D								Wicomi		
AL Xe	may be retained for y FUNERAL DIRECTOR:P olth priar to burial,						he remoins desc							X and in	my opinior	
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_	RAL pric			SIGNATURE	/ con	100	12			ASSISTANT MEDIC				ATE SIGNED		
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7	25 -		230.	BURIAL, CREMA REMOVAL (Spec	ifv)	DATE			OR CREMATORY				ty ar Tawn)	(Caunty)	(Stote)	
		B	74 F	UNERAL DIRECT	OP	1-13-68	Flow	er Hi	ll Cer	letery	Ed.	en	Somers	R'S SIGNATUREA	•	
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06320

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 30LW. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

LOEKEASD DAME   First   Mode   Lott			0011111101			
S. SATUGE BIRTH    S. DATUGE BIRTH   July 2, 1890   S. DATUGE BIRTH   July 3, 1890   S. DATUGE BIRT		'una or mont'		Lost		
To. BIRTHRAKE (State or foreign To. BIRTHRAKE (State or foreig		Edward EME		ley	HPMI 18	1760 D H
10. CITY OR TOWN OF DEATH   SALIS DUTY   S	3. S	male A. RACE Whi			lost_birthdoy)	
DESCRIPTION   Pennsylvania   USA   WIDOWED   DIVORED   WILCOMILCO						
Salisbury   Petrophyshia   General   Hos   My or provided   Hos   My or provided   Hos   My or provided   Hos	(00	"Pennsylvania  USA	WIDOWED &	DIVORCED [	Wicomico	Md
130. ISSUAL RESIDENCE (Where decessed lived in institution: Residence belore odmission)   STATE   AND NUMBER   STREET AND NU	10. (		F HOSPITAL OR INSTITUTION (If not	in hospitol 120. USUAL	OCCUPATION (Kind of work done	
Salisbury   STATE   Maryland   38. COUNTY   Wicomico   Salisbury   State   S				al Hospita	HOGHT SA GATCOM	an Rug Co.
14. FATHER'S NAME   First   Middle   Lost   IS. MOTHER'S MAIDEN NAME First   Middle   Lost   IS. MOTHER'S MAIDEN NAME First   Middle   Lost   IS. MOTHER'S MAIDEN NAME First   Middle   Lost   IS. MOTHER'S MAIDEN NAME First   Middle   Lost   Yardley   Clara   Yardley   Clara   Yardley   Vars. no. or runknown   Vars.	130.	VILIAND ACT		4 100		
160. WAS DECEASED EVER IN U.S. ARMED FORCES?   166. SOCIAL SECURITY NO.   17. INFORMANT (Daughter)   Address 504 S. Park Dr.   Mrs. Marquerite C. Tibbitt, Salisbury, Md.   166. O7 -7103   Mrs. Marquerite C. Tibbitt, Salisbury, Md.   Mrs. Marquerite C. Tibbitt, Salisbury, Marquerite C. Tibbitt,	0011	Maryland   Wic		ury I X	- 504 S. Park	Drive
166 WS DECEASED EVER IN U.S. ARMED FORCES?   166 - O7 - 7103   166 - O7 - 7103   179 - Mrs. Marguerite C. Tibbitt, Salisbury, Md.   166 - O7 - 7103   179 - Mrs. Marguerite C. Tibbitt, Salisbury, Md.   166 - O7 - 7103   179 - Mrs. Marguerite C. Tibbitt, Salisbury, Md.   179 - Mrs. Mrs. Marguerite C. Tibbitt, Salisbury, Md.   179 - Mrs. Mrs. Mrs. Mrs. Mrs. Mrs. Mrs. Mrs.	14.	FATHER'S NAME First Middle	Lost 15.	MOTHER'S MAIDEN NAME Fir	rst Middle	Lost
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))   PART I. DEATH WAS CAUSE D BY:   IMMREDIATE CAUSE (o)   DUE TO, OR AS A CONSEQUENCE OF (d)   Stoting the underlying couse   DUE TO, OR AS A CONSEQUENCE OF (d)   DUE TO, OR AS A CONSEQUENCE OF (d			Cooley			
186-07-7103   Mrs. Marquerite C. Tibbitt, Salisbury, Md.		1 1 the second second second				
PART 1. DEATH WAS CAUSE DBY.    IMMEDIATE CAUSE (o)   Conditions, if any, which gove iss to immediate couse (o).		116	6-0/-/103 Mr	s. Marguerite	e C. Tibbitt, Sa	lisbury, Md.
IMMEDIATE CAUSE (a)   DUE TO, OR AS A CONSEQUENCE OF						
Conditions, if any, which gove is to immediate couse (a), storing the underlying couse (b).  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a).  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(b).  PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  190. DATE OF OPERATION  190. CONTRIBUTING  210. ACCIDENT WAS UNDERLYING  210. ACCIDENT WAS UNDERLYING  210. MURRY OCCURRED  210. ACCIDENT IN PART 1(o)  210. MURRY OCCURRED		IMMEDIATE CAUSE (o)	Cakdiac d	ecompens	satron	nns
DUE TO, OR AS A CONSEQUENCE OF (c) Stoting the underlying couse (d) STOTION TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  210. ACCIDENT WAS UNDERLYING OR OPERATION WAS PERFORMED 190. CONTRIBUTING OR CONTRIBUTION OR COUNTRIBUTION OR CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING OR CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING OR CAUSES OF CONTRIBUTION OR CAUSES OF DEATH?  211. HOURS OF COUNTRIBUTION OR CAUSES OF CONTRIBUTION OR CAUSES OF COUNTRIBUTION OR CAUSES OF CAMBOR OR CAUSES OF COUNTRIBUTION OR CAUSES OF COUNTRIBUTION OR CAUSES OF CAMBOR OR CAUSES OF CAMBOR OR CAUSES OF COUNTRIBUTION OR CAUSES OF CAMBOR OR CAUSES OF CAUSES				1 11	17	
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PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. Month Doy Yeor 19 21d. MIJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)  190. CONTRIBUTING 21b. TIME OF INJURY (AT HOME, FARM, STREEF, FACTORY.) 21f. LOCATION Street or R.F.D. No. (ity or Town County Stote at work of twork of twork of twork of two		stoting the underlying couse DUE TO, OR AS A C		Cillar I		11115
196. Date of Operation   196. Condition for Which Operation was performed   20a. Autopsy?   206. If YES, Were Findings Considered in Certifying Causes of Death?						CIRS
196. Date of Operation   196. Condition for which operation was performed   20a. Autopsy?   20b. If Yes, were findings considered in Certifying (auses of Death)?    21o. ACCIDENT WAS UNDERLYING   21b. Time Of Injury   HOUR A.M. Month Doy Yeor   19   21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)		1/	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(0)	
OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M.   Month Doy Yeor 19   19   21d. INJURY OCCURRED   While   Not while   of work   Office Building, ETC.	NO		DEDATION WAS DEDEODINED	20- AUTOREY2	JOH TE AEG TNEDE EINIDINGS C	ONCIDEDED IN CERTIFYING
OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M.   Month Doy Yeor   19   21d. INJURY OCCURRED   While   Not while   of work   Of work   19   22a. I certify that (I) (this haspital) attended the deceased fram   19   , and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death.    22b. SIGNATURE   22c. DATE SIGNED   22c.	RIFICAT	196. CONDITION FOR WHICH O		YES NO	CAUSES OF DEATH?	
While Not while at work of work  22a. I certify that (I) (this haspital) attended the deceased fram 19 , and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death.  22b. SIGNATURE  22c. DATE SIGNED  22c. DA			JRY 21c. HOV	V INJURY OCCURRED (Enter	noture of injury in Port 1 or Port 2,	Item 18.)
While of work	DICA	(If either, notify medical examiner) P.M.	19			
22a. I certify that (I) (this haspital) attended the deceased fram	ME	William Holl William	JME, FARM, STREET, FACTORY.) 21f. LOC E BUILDING, ETC.	ATION Street of R.F.D. No.	City or Town	County Stote
causes stated abave, (I) (we) (did) (did not) view the bady after death.  22b. SIGNATURE  22c. DATE SIGNED  22c. DATE SI			d the deceased fram	196	E, to 4-18, 19	68, that (1) (we) last
226. SIGNATURE  226. PHYSICIAN'S NAME (Type)  Dr. J. T. Bulkeley  Dr. J. T. Bulkeley  226. ADDRESS  Pine Bluff Road, Salisbury, Maryland  230. BURIAL, CREMATION, REMOVAL (Specify)  Burial  230. ADDRESS  ADDRESS  County  County)  County  County		causes stated above. (1) (we) (did) (did	nat) view the bady after de	tnat in ( <u>my) L</u> aur) apin eath.	lian death accurred an the do	te and haur and tram the
22d. PHYSICIAN'S NAME (Type)  Dr. J. T. Bulkeley  22e. ADDRESS Pine Bluff Road, Salisbury, Maryland  23o. BURIAL CREMATION, REMOVAL (Specify)  April 20,1968  St. James Church Cemetery Philadelphia Pa.  24. FUNERAL DIRECTOR  PHYS.  DIRECTOR PHYS.  22e. ADDRESS  Pine Bluff Road, Salisbury, Maryland  23d. LOCATION (City or Town) (County) (Stote)  St. James Church Cemetery Philadelphia Pa.  24. FUNERAL DIRECTOR  ADDRESS  25o. REC'D BY REGISTRAR'S SIGNATURE		Table 1				
NAME (Type) Dr. J. T. Bulkeley Pine Bluff Road, Salisbury, Maryland  230. BURIAL, CREMATION, REMOVAL (Specify) April 20, 1968 St. James Church Cemetery Philadelphia Pa.  240. FUNERAL DIRECTOR ADDRESS I 250. RECISIRAR SIGNATURE.		Dulkeley.	M. DEGREE		RECTOR PHYS.	4-18-68
230. BURIAL, CREMATION, REMOVAL (Specify) Burial April 20, 1968 St. James Church Cemetery Philadelphia ADDRESS Zso. REGISTRAR'S SIGNATURE ADDRESS Zso. REGISTRAR Zso. REGISTRAR'S SIGNATURE ADDRESS Zso. REC'D BY REGISTRAR Zso. REGISTRAR'S SIGNATURE		110 14F (T. )		22e. ADDRESS		The second section is the
REMOVAL (Specify)   April 20,1968 St. James Church Cemetery Philadelphia Pa.  24. FUNERAL DIRECTOR   ADDRESS   250. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE.		NAME (Type) Dr. J. T. Bulke	ley	Pine Bluff	Road, Salisbury	, Maryland
24. FUNERAL DIRECTOR  ADDRESS	23o			REMATORY	23d. LOCATION (City or Town)	(County) (Stote)
24. FUNERAL DIRECTOR ADDRESS 250. REG'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		Burial April 20,1968		rch Cemetery	Philadelphia	
	24.		ADDRESS	2So. REC'D BY	REGISTRAR 2Sb. REGISTRAR'S	

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the foresal director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filed with the State Dept. of Health prior ta burial, crematian, ar remaval, and in any event, within 72 haurs after deat VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06321 06327 CERTIFICATE OF DEATH 2a. DATE OF DEATH Apr. 1. DECEASED-NAME First 1968 Middle (Type ar print) Heber Coward 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) HOURS 3/23/14 colored Male 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED N. Carolina DIVORCED U. S. A. WIDOWED [ Wicomico 12a. USUAL OCCUPATION (Kind of work dane IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress)

Deer's Head State Hospital

during most of working life, even if retired.) INDUSTRY Salisbury 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? Maryland 13b. COUNTY Wicomico Mardela 1S. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Middle 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMA Yes, no, or unknown) '(If yes give war or dates of service) 1B. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) BETWEEN ONSET AND DEA PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 3 days Cerebral vascular accident, left DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ) Arterioselerotic cardiovascular disease Years rise ta immediote cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

422/Cerebral vascular accident - 6 months ago 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES 🗍 NO 😨 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M.

Month Day Year

21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.)

MED. DIRECTOR

(If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No.

City or Tawn

State County

While Nat while at work

22a. I certify that (I) (this haspital) attended the deceased from 3/5, 19.68, to 14/20, 19.68, that (I) (we) last saw the deceased alive on 14/20, 19.68, and that in (my) (aur) apinian death accurred an the date and haur and from the

DEGREE

22c. DATE SIGNED

22b SIGNATURE PHYSICIAN'S NAME (Type)

A. C. Mitchell, M. D.

causes stated abave, (1) (we) (did) (did nat) view the bady after death.

22e. ADDRESS

ATTENDING PHYS.

Deer's Head State Hospital, Salisbury, 23d. LOCATION (City or Town)

(State)

Md.

23a. BURIAL, CREMATION. 24. FUNERAL DIRECTOR

25-68

23c. NAME OF CEMETERY OR CREMATORY

2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

VR A15 (4) 30M REV. 1/68

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

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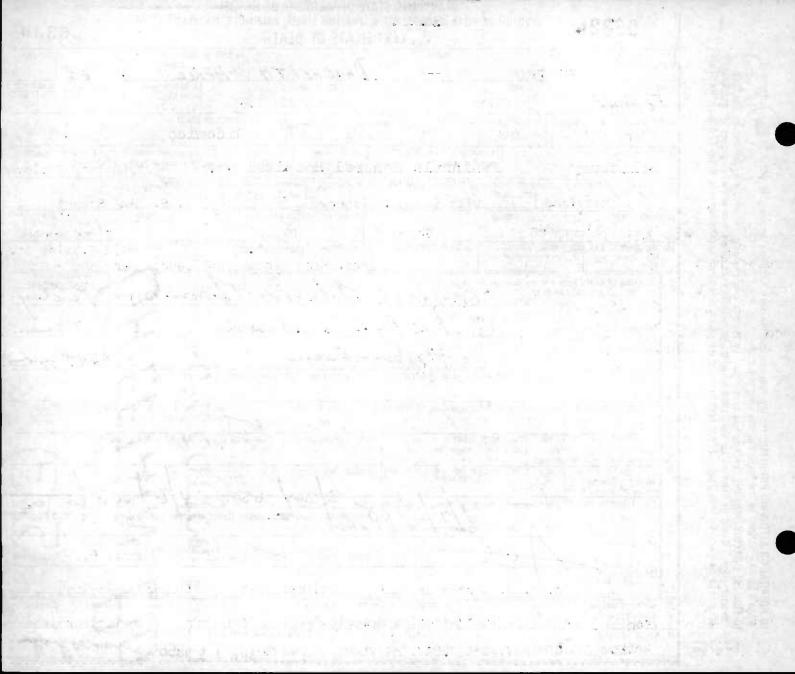
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06328 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR A (Type or print) Month 11:00 Julius Cecil Darden April IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years 3. SEX 4. RACE S. DATE OF BIRTH lost birthdoy) Male Colored Oct. 25, 1900 the attending physician and campletely filled in by the sit permit. Then please remave carban papers. Pagnatian, ar remaval, and in any event, within 72 haurs law requires that the death certificate be executed within 24 haurs 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or fareign 8. MARRIED NEVER MARRIED Georgia U.S.A. WIDDWED [ DIVORCED [ Wicomico 10. CITY DR TOWN DE DEATH 11. NAME OF HOSPITAL DR INSTITUTION (If not in hospital 12o. USUAL DCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Laborer give street address) INDUSTRY Salisbury Pine Bluff State Hosp. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before \$13c. CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY YES NO 🖂 Talbot Easton Dover Road Maryland 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Middle Jones Branch Darden Fannie 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Records of 17. INFORMANT Address (If yes give war or dates of service) Yes, no, or unknown) 222-05-1626 Pine Bluff State Hospital APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o)
Senile de BETWEEN ONSET AND DEATH Senile degeneration unknown DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove ) burial-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the l O FUNERAL DIRECTOR: After this certificate has been CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20o. AUTDPSY? CAUSES OF DEATH? NO X YES 🗍 ad far use af Health be retained by the haspital ar 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner) HOUR A.M. Month Doy Yeor P.M. 21d. INJURY OCCURRED While Not while of work (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote 22a. I certify that (\$) (this haspital) attended the deceased from Jan. 22, 19,68, ta April 1,89,68, that (\$) (we) last saw the deceased glive an April 18, 19,68, and that in (2014) (aur) apinian death accurred an the date and haur and from the directar, page 3 shauld shauld be filed with the causes stated abave (we) (did) (did) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR STAFF PHYS. X April 19, 1968 DEGREE PHYS 22e. ADDRESS Pine Bluff State Hospital PHYSICIAN'S E. P. Ritchings, M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 230, BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE KORATION (City or Town) (County) (State) FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68

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24. FUNERADDIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06324 16330 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2o. DATE OF DEATH 2b. HOUR transit permit. Then please remave carban papers. Pages 4 and crematian, ar remaval, and in any event, within 72 haurs after death (Type or print) Month **EUPHEMIA** UGH 4 RACE 3. SEX 5 DATE OF RIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdoy) MONTHS HOURS White January 22. 1895 and campletely filled in by 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Maryland Wicomico USA WIDOWED TX DIVORCED 10. GTY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR law requires that the death certificate be executed within General Hospingari okeetin life de Shirit Factory Salisbury 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY YES P NO Salisbury 417 A. F. Vine Street Wicomico Marvland 14. FATHER'S NAME Lost 1S. MOTHER'S MAIDEN NAME First Lost Alexander Della Green Bloodsworth Address417A E. Vine St. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Daughter) Yes, no, or unknown) (If yes give war or dates of service) Mrs. Mary Serman, Salisbury, Maryland 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO, OR. signed by the burial-transit p Conditions, if ony, which gove rise to immediate couse (a), O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO, OR AS A CONSEQUENCE O stoting the underlying couse burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) priar ta has been use as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? SAUSES OF DEATH? YES 🖂 NO D this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) for OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work O FUNERAL DIRECTOR: After 220. I certify that (1) (this haspital) attended the deceased from 19 6 and that in (my) rem; opinion death occurred an the date and hour and from the saw the deceosed aliverancouses stoted obove, (I) (we) (did) (did view the body after deoth 22b. SIGNATURE 22c. DATE SIGNED ATTENDING April 6, 1968 directar, page 3 shauld be filed v DEGREE DIRECTOR PHYS PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Medical Center, Salisbury. n. Burton Mary Land 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify)
Burial 1968 Wicomico Memorial Park Salisbury, Wicomico, Maryland
REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68 Charles HOLLOWAYUS COMPANY, SALISBURY, MARYLAND DATE



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2b. KIND OF BUSINESS OR

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INDUSTRY

2b HOUR

2d. HOUR

APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH hours 20. AUTOPSY? NO IX 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) County State Inquiry X and in my apinian Undetermined manner 22b. DATE SIGNED April 4, 1968 (County) Wicomico 25a. REC'D. BY REGISTRAR

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06332 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 20. DATE KNOWN CO Doy Yeor (Type or Print) JOHN RUSSELL DENNIS DEATH MATED 4. RACE S. DATE OF BIRTH 6. AGE (In years 3. SEX 2c. DATE PRONOUNCED DEAD 2d. HOUR and poges 1 and 2 with the State Departm M AA 2-3-22 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH forwarded to the Chief Medical Examiner's Office along with form country) Wicomico DIVORCED D WIDOWED [ in Item 18. Give Poges 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Salisbury during most of working life, even if retired.) **INDUSTRY** General 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 1/3c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Somerset/Princess odmission) STATE Md. 307 Hampton Ave. after 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME This certificate should be executed within 24 hours 16b. SOCIAL SECURITY NO. 17. INFORMANT in pencil (Yes, no, or unknown) event within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) buriof-transit permit. PART I. DEATH WAS CAUSED BY. Rupture of esophagus 34 days IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES X 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) FUNERAL DIRECTOR: Page 3 should PRIMARY X OR CONTRIBUTING Crushed beneath ice at processing plant -26-68 CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State Perdue Processing Salisbury, Wico., Md. burial, 22a. I certify that took charge of the remains described above, held an Autopsy 7. Inspection X and in my opinion Suicide [ death resulted from: Natural causes Accident X Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER 1968 Royer, April 30. Heolth Salisbury, Camden Ave Md ADDRESS(Street, city, town, or county) 50 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (Stote) 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR Anthony Ward Funeral Home, Crisfield, May MAY

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06333 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 2o. DATE OF DEATH 2b. HOUR First (Type or print) Month 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS after the attending physicion and completely filled in by the six permit. Then please remave carbon popers. aggiss mation, or removal, and in any event, within 72 hours after lost birthday) NONTHS requires that the death certificate be executed within 24 hours 9. COUNTY OF DEATH 7o. BIRTHPLACE, (State or foreign 7b. CITIZEN OF WHAT COM 8. MARRIED X NEVER MARRIED country) Wicomico WIDOWED DIVORCED [ 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR General Hospitalit Salisbury 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY odmission) STATE NO X Middle 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First 160. WAS DEGEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no of unknown) (If yes give war ar dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (b), ond (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony which gove burial-transit rise to immediate couse (o). signed by DUE TO, OR AS A CONSEQUENCE QU physician. stoting the underlying couse burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN, IN PART 1/6/1 O FUNERAL DIRECTOR: After this certificate hos been os the J9b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19o. DATE OF OPERATION 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CAUSES OF DEATH? YES X far use F Heolth O HOSPITAL OR ATTENDING PHYSICIAN: Poge 4 may be retained by the hospitol or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) be detached ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. director, page 3 shauld be detache should be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY County Stote City or Town While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 1971, 21a, 1968, ta 1974, 1974, that (I) (we) last saw the deceased olive an 1974, 1968, and thot in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did nat) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS. NAME (Type) (County) 23a BURIAL, CREMATION 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR AT5 (4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

79 : 061 | 12 12 1 | 0 13 - 14 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 | 162 Hand Tarana American Legent - Legent - Legent - Legent Variety Action and the research of the second The state of the s 

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

56334

	ECEASED-NAME Type or print)	First	77.72	Middle		Last	1 1	2a. DATE O		Day Year	2b. HOUR
	1	ERNON		TSWELL		ENG.	1151		APRIL	20 6	1 0 /
3. SI	EX no . /	4. RACE	1 -			5. DATE OF			6. AGE (In years last birthday)	MONTHS 0	EAR IF UNDER 24 HRS
_	MALE	W	hite				0,1903		64 YR	S.	
o.	BIRTHPLACE (Stote or foreig	n 7b. CITIZE	OF WHAT COL			☐ NEVER MA	KKIEDE	9. COUNTY OF			
	Maryland		USA		IDOWED		ORCED		omico	. 101 1011	N OF PURINESS OF
0. (	TITY OR TOWN OF DEATH Salisbury	7	give street or	HOSPITAL OR INSTITU	IN (Itr	at in haspital	dwing.mg	L OCCUPATION 15170f working	I (Kind af work don glife, even if retired none	.) INDUSTR	D OF BUSINESS OR RY
30	USUAL RESIDENCE (Where			idanca hafara 112	CITY OF	TOWN	13d. INSIDE CITY LIM		none Treet and Number		
	TO A CTATE	1and 13b. CO	Wicc	mico		bury	YES NO			· 0 ·	
A	FATHER'S NAME First	/ land	MICC.	Lost			MAIDEN NAME FI		1 E. Will	lam St	lost
4.						S. MOTHER 3 I					
60	. WAS DECEASED EVER IN U			Eng 1 i		NFORMANT		11a	B.		Venables
)	(es, no, or unknown) (If y	es give war or dates of si	ervice)				(Sister	) 	900°Tr	vingto	n Road
=			P 6 /	-1 (1) 1 (1)	mr	S. Mar	rna A.	Engber	g, Cheste	API	PROXIMATE INTERVAL
	1B. CAUSE OF DEATH (Er PART I. DEATH WAS				CV	al no	chie	1014		BETW	VEEN ONSET AND OEATH
	11100			COROL	CCC	700	Cia	1000			of acondo
	Canditians, if any, which		O, OR AS A CO	antence of	1-150	lent	in ha	ant c	Lisease		176
	rise ta immediate cause	e (a), (	(b)		(0)(	((100)		A VC (	_ () (0) (		1147
	stating the underlying of	0026	(c) C	Jenera	lize	201	2 teni	oscle	vecs 15	u	1 15 2
	PART 2. OTHER SIGNIFICAL		1 /	1							
	4201 >1	twoot	4	conge		-			(-/		
5	90. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PER					20o. AUI			F YES, WERE FINDINGS	S CONSIDERED	IN CERTIFYING
FEC						YES	NO 🗆	CAUSE	S OF DEATH?		
CERTIFICATION	21o. ACCIDENT WAS UND		TIME OF INJUR		21c. H			noture of inju	ury in Part 1 or Port	2, Item 18.)	
MEDICAL	OR CONTRIBUTING CAUSE		R A.M. Mont	th Doy Year							
MED	21d. INJURY OCCURRED			E, FARM, STREET, FACTORY BUILDING, ETC.	) 21f. L	OCATION Str	eet or R.F.D. Na.	City	y or Town	County	State
	While Nat while at wark		( OFFICE	BUILDING, ETC.							
	220. I certify that	(this hospite	ol) ottended	the deceosed	rom_	apr.	10, 19	€, to	CANKITZO'	1968,1	hot(I) (we) lo
	sow the deceos	ed olive on_	CIM	1 20 190	S, on	d thot in (1	ny) (our) opii	nion deoth	occurred on the	dote and ha	our and from th
	couses stoted o	bove, (I) [we	) (did) (did n	of) view the boo	y offer	deoth.			1 24	2c. DATE SIGNED	0
	22b. SIGNATURE	-B. A	0. 0.	M.D	DEGI	ATTEND	ING THE	ED.	STAFF	W-ZC	
	22d. PHYSICIAN'S	, chel	keery	4,,,,	DLOI	22e. AC		RECTOR L	PHYS.	-1-21	3 0 0
	NAME (Type)	John_	T pull	to lov			lisbury	Mary	1 and		
,	BURIAL, CREMATION,	23b. DATE							ON (City or Town)	(Caunty)	(State)
, ou	REMOVAL (Specify)			Mardela					Mardela, W		. ,
24.	Burial FUNERAL DIRECTOR	(A 11 L)	1700	ADDRESS	riemo	, rat (	2Sa. REC'D B	Y REGISTRAR	25b. REGISIRA	R'S SIGNATURE	l. de
	HOLLOWAY &	COMPANY	. SALT	SBURY, MA	RYL	AND	DATE APR	241	968	arces	mogra
		11111	y - 1 1 to do '		TI Tom !		3,110	_	U		

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the fundirector, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 30M REV. 1/68

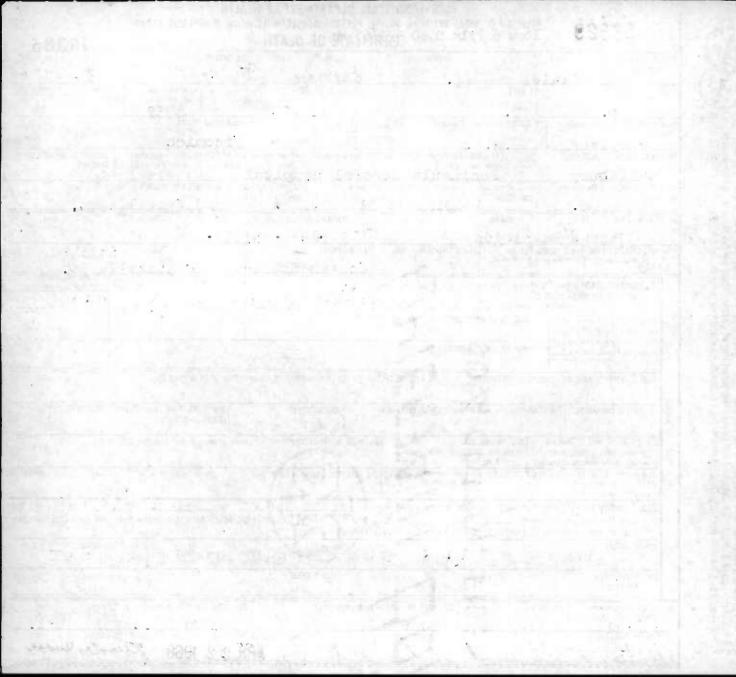
COSS. T. COS C. P. DESCRIPTION OF PROPERTY OF PROPERTY OF THE COST. A PERSONAL PROPERTY OF THE PERSON OF THE PER 1 

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate hos been signed by the attending physicion and completely filled in by th director, page 3 should be detached for use as the burial-tronsit permit. Then please remove corban papers. Pageshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours Page 4 may be retoined by the hospitol or attending physician.

VR A15 (4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 6 Film GLOO CERTIFICATE OF DEATH

06323 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARY CERTIFICATE OF DEATH	(LAND 21201 16335
1. DECEASED-NAME First Middle Last 2a. DATE OF D	
(Type or print) Elsie J. Eskridge APR	Month Day Year 49 M
	., AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
F. C. 4/11/1909	last birthday) MONTHS DAYS HOURS MIN.
70. BIRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF D	
Country)  Maryland  U.S.A.  WIDOWED   DIVORCED   Wicom	ico Md.
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hasoital 12g., USUAL OCCUPATION ()	(ind af wark dane 12b, KIND OF BUSINESS OR
Salisbury   give street address)   during most of working life   Salisbury   Peninsula General Hospital Dom	e, even if retired.) INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. MISIDE CITY LIMITS? 13e. STRE	ET AND NUMBER
admission) STATE Md. 13b. COUNTY Nicomico Salisbury YES NO 620	Isabella St.
14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First	Middle Last
George Dashields Sarah Dashields	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown)   (If yes give wor or dates of service)   16b. SOCIAL SECURITY NO.   17. INFORMANT	Address Salisbury Md
Yes, no, ar unknawn) (If yes give war or dates of service)  NO  Joseph Eskridge 62	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PRILLIP 1 S (Prennoco	
DUE TO, OR AS A CONSEQUENCE OF	0
Canditians, if any, which gave	
rise to immediate cause (a), (DUE TO, OR AS A CONSEQUENCE OF	
lost. (c)	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	N PART 1(a)
z 3401	
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF Y	ES, WERE FINDINGS CONSIDERED IN CERTIFYING
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YI CAUSES CO. 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury)	F DEATH?
21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury	in Part 1 or Part 2, Item 18.)
☐ OR CONTRIBUTING ☐ CAUSE OF DEATH HOUR A.M. Month Day Year  (If either, natify medical examiner) P.M. 19  21d INJURY OF CURRED 21e PLACE OF INJURY (ATHOME, FARM, STREET, FACTORY.) 21f LOCATION Street of R.F.D. No. (ity of	
	Tawn Caunty State
While Not while of wark of wark	
22a. I certify that (I) (this haspital) attended the deceased fram	-1-12, 19 68, that (I) (we) last
saw the deceased alive an	curred on the date and haur and from the
cause stated above (1) (wa) (did) (did not) view the body after death	control and the date and habit and fram the
causes stated abave, (1) (we) (did) (did nat) view the bady after death.	
causes stated abave, (1) (we) (did) (did nat) view the bady after death.  22b. SIGNATURE  ATTENDING TO MED.	STAFF 22c. DATE SIGNED
causes stated abave, (I) (we) (did) (did nat) view the bady after death.  22b. SIGNATURE  ATTENDING  MED.  DIRECTOR	22c. DATE SIGNED
causes stated abave, (1) (we) (did) (did nat) view the bady after death.  22b. SIGNATURE  ATTENDING TO MED.	STAFF 22c. DATE SIGNED
causes stated abave, (I) (we) (did) (did nat) view the bady after death.  22b. SIGNATURE  22d. PHYSICIAN'S NAME (Type)  ATTENDING PHYS.  22e. ADDRESS	STAFF 22c. DATE SIGNED PHYS. D 22c. DATE SIGNED
causes stated abave, (I) (we) (did) (did nat) view the bady after death.  22b. Signature  22c. ATTENDING PHYS.  22d. PHYSICIAN'S NAME (Type)  23c. NAME (Type)  23d. BURIAL, CREMATION, REMOVAL (Specify)  23d. DATE  23c. NAME OF CEMETERY OR CREMATORY  23d. LOCATION	STAFF 22c. DATE SIGNED PHYS. (City or Town) (County) (State)
causes stated abave, (I) (we) (did) (did nat) view the bady after death.  22b. Signature  22c. ATTENDING PHYS.  22d. PHYSICIAN'S NAME (Type)  23c. NAME (Type)  23d. BURIAL, CREMATION, REMOVAL (Specify)  23d. DATE  23c. NAME OF CEMETERY OR CREMATORY  23d. LOCATION	STAFF 22c. DATE SIGNED PHYS. D 22c. DATE SIGNED



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

36336

70. BIRTHPLACE (Stote or foreign country)   70. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NO FUEL MARRIED   9. COUNTY OF DEATH   U.S.A. USUAL DECLUPATION (Kind of wark done during most of working hite, even if retired.)   11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital of usual most of working hite, even if retired.)   12b. KIND OF BUSINESS OR HOUSE (Where deceased lived, if institution: Residence before admission)   13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)   13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)   13b. COUNTECONIC.   13b. COUNTECONIC.   13c. CITY OR TOWN   13a. MISIDE CITY LIMITS?   13a. S. STREET AND NUMBER   13b. COUNTECONIC.   13b. COUNTECONIC.   15b. MOTHER'S MAIDEN NAME First   Middle   Lost   Univers.   15b. MOTHER'S MAIDEN NAME First   Middle   Lost   Univers.   16b. SOCIAL SECURITY NO.   17. NIFORMANT   Address   27b. More of the day of the d	Total Company   Total Control of the control of t	The continuity   The	(Type or print)    Bentha   Sane Fletchen   4   Month   4   Doy 1968   F.	3. 7/00 100 1100 1100 1100 1100	(Type ar print)  Benth  3. SEX  Female  70. BIRTHPLACE (State or foreign country)  Manyland  10. CITY OR TOWN OF DEATH  Mandela  13a, USUAL RESIDENCE (Where decease	Tane Fletchen  4. RACE White 7b. CITIZEN OF WHAT COUNTRY?  USA  11. NAME OF HOSPITAL OR IN.	S. DATE OF 1/9,	BIRTH / 1890	6. AGE (In years last bighday)	1968	3 A . I
Total   Tota	Total   Part   Country   Part   Country   Country   Part   Country   Country   Part   Country   Country   Part   Country   Part   Country   Country   Part   Country   Country   Part   Country   Part   Country   Part   Country   Part   Country   Country   Part   Country   Part   Country   Country   Part   Country   Part   Country   Part   Country   Country   Part   Country   Part   Country   Country   Part   Part   Country   Part   Part   Country   Part	Female	Female   To. BIRTHPRACE (State or foreign   To. CITIZEN OF WHAT COUNTRY?   S. MARRIED   NEVER MARRIED   YES.   WILLIAM   WIL	776 co	Female  70. BIRTHPLACE (State or foreign country)  Maryland  10. CITY OR TOWN OF DEATH  Mardela  130. USUAL RESIDENCE (Where decease	7b. CITIZEN OF WHAT COUNTRY?  USA  11. NAME OF HOSPITAL OR IN:	1/9/ 8. MARRIED □ NEVER A	1890	last bighday) YRS.		
10. CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even it retired.)   12b. KIND OF BUSINESS OR   12a. USUAL OCCUPATION (Kind of work dame during most of working life, even it retired.)   12b. KIND OF BUSINESS OR   12a. USUAL OCCUPATION (Kind of work dame during most of working life, even it retired.)   12b. KIND OF BUSINESS OR   12a. USUAL OCCUPATION (Kind of work dame during most of working life, even it retired.)   12b. KIND OF BUSINESS OR   12a. USUAL OCCUPATION (Kind of work dame during most of working life, even it retired.)   12b. KIND OF BUSINESS OR   12a. USUAL OCCUPATION (Kind of work dame during most of working life, even it retired.)   12b. KIND OF BUSINESS OR   12a. USUAL OCCUPATION (Kind of work dame during most of working life, even it retired.)   12b. KIND OF BUSINESS OR   12a. USUAL OCCUPATION (Kind of work dame during most of working life, even it retired.)   12b. KIND OF BUSINESS OR   12a. USUAL OCCUPATION (Kind of work dame during most during most of working life, even it retired.)   12b. KIND OF BUSINESS OR   12a. USUAL OCCUPATION (Kind of work dame during most during	Country   Coun	Country   Coun	South   Sout	10 10 13 10 11	COUNTRY CARLLAND  10. CITY OR TOWN OF DEATH  Mandela  13a, USUAL RESIDENCE (Where decease	USA 11. NAME OF HOSPITAL OR IN		ARRIED 9. COU	NTY OF DEATH		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before   13c. CITY OR TOWN   13d. MISSIDECTEX LAWRED FORCES?   13b. COMPT. COMMISSION)   13d. MISSIDECTEX LAWRED FORCES?   13b. COMPT. COMMISSION   13d. MISSIDECTEX LAWRED FORCES?   14b. SOCIAL SECURITY NO.   17. INFORMANT   13d. MIDEN NAME First   Middle   Lost   Unkn.   14b. MIDEN NAME FIRST   MIDEN	Indicated a continue	IRACRACEAD   IRAC   I	Idea   Conditions, if ony, which gave   Idea   Id	1 1	13a, USUAL RESIDENCE (Where decease		STITUTION (If not in haspite	ORCED 12a. USUAL OCCU	comico PATION (Kind of work dane		
14. FATHER'S NAME First Middle Lost Unkn.  16a. WAS DECASSED EVER IN U.S. ARMED FORCES? Ves, no, or unknown) (If yes give wor or doles of service) 215—07—78290 Mrs. Sadie L. Gilbert, Mandela, Md. Address 215—07—78290 Mrs. Sadie L. Gilbert, Mandela, Md. Address 215—07—78290 Mrs. Sadie L. Gilbert, Mandela, Md. BETWEEN ONST AND OBATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF CONDITION GIVEN IN PART 1(a)  19a. DATE OF OPERATION 19b. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?  YES NO CAUSES OF DEATH?  21c. ACCIDENT WAS UNDERLYING CAUSE OF DEATH ON PART 1 (a)  21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.)  19a. DATE OF OPERATION 21b. TIME OF INJURY (AT HOME FARM, SIRRET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While of work of work of the part 2 of the part of the part of the part of the part 2 of the part of the part of the part 2 of the part of the pa	14. FATHER'S NAME   First   Middle   Lost   IS. MOTHER'S MAIDEN NAME First   Middle   Lost   Unkn.	14. FATHER'S NAME   First   Middle   Lost   Unkn.     15. MOTHER'S MAIDEN NAME   First   Middle   Lost   Unkn.     16. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown)   (If yes give were or defees of services)   166. SOCIAL SECURITY NO.   215-07-7829D   Mrs.   Sadie   L.   Gilbert, Mardela,   Md.     18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))   PART I. DEATH (Enter only one cause per line for (a), (b), and (c))     18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))     19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))     19. CONDITION SCAUSE (a)   DUE TO, OR AS A CONSEQUENCE OF (c)     19. CONDITION SCAUSE (a)   DUE TO, OR AS A CONSEQUENCE OF (c)     19. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)     19. CONTRIBUTING   CAUSE OF DEATH     21c. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH     19. CONTRIBUTING   CAUSE OF DEATH     21c. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH     21c. ACCIDENT WAS UNDERLYI	14. FATHER'S NAME   First   Middle   Lost   Lost   Unkn.	1 1	admission) STATE Maruland	d lived, if institution: Residence before		13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	INDUSTRY	
Tes, no, or unknown)  (If yes give wor or dates of service)  215-07-78290 Mrs. Sadie L. Gilbert, Mandela, Md.  18. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  21o. ACCIDENT WAS UNDERLYING CAUSES OF DEATH  19 OR CONTRIBUTING CAUSE OF DEATH  19 OR CONTRIBUTING COURSED  21d. IMJURY OCCURRED  21d. IMJURY OCC	Tes, no, or unknown)  (If yes give war or dates of service)  215-07-7829D Mrs. Sadie L. Gilbert, Mandela, Md.  18. CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c).)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise ta immediate cause (o), stating the underlying couse  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING COURSE OF DEATH (if either, notify medical examiner)  210. ACCIDENT WAS UNDERLYING P.M. Month Day Year 19  211d. INJURY OCCURRED While Not while N	Yes, no. or unknown    (If yes give wor or dotes of service)   215_07_7829D   Mrs. Sadie L. Gilbert, Mandela, Md.	Yes, no, or unknown)   (If yes give wer or dottes of service)   215-07-7829D   Mrs.   Sadie L.   Gilbert, Mandela, Md.	1	14. FATHER'S NAME First	Middle Last	Uni		Middle	L	ost
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19a. Date of operation   19b. Condition for which operation was performed   20a. Autopsy?   20b. If yes, were findings considered in certifying   21b. Time of Injury   21c. How Injury occurred (Enter nature of injury in Port 1 or Part 2, Item 18.)   21d. Injury occurred (If either, notify medical examiner)   21b. Time of Injury   21c. How Injury occurred (Enter nature of injury in Port 1 or Part 2, Item 18.)   21d. Injury occurred (If either, notify medical examiner)   21e. PLACE of Injury (At Home, FARM, STREET, FACTORY.)   21f. LOCATION Street ar R.F.D. No.   City or Town   County   State   21d. Injury occurred (Injury in Port 1 or Part 2)   21d. Injury occurred (Injury in Port 1 o	19a. Date of operation   19b. condition for which operation was performed   20a. Autopsy?   20b. If yes, were findings considered in certifying   21b. Time of injury   21c. How injury occurred (Enter nature of injury in Port 1 or Part 2, Item 18.)   21c. How injury occurred (Enter nature of injury in Port 1 or Part 2, Item 18.)   21c. How injury occurred (Enter nature of injury in Port 1 or Part 2, Item 18.)   21c. How injury occurred (Enter nature of injury in Port 1 or Part 2, Item 18.)   21c. How injury occurred (Enter nature of injury in Port 1 or Part 2, Item 18.)   21c. How injury occurred (Enter nature of injury in Port 1 or Part 2, Item 18.)   21c. How injury occurred (Enter nature of injury in Port 1 or Part 2, Item 18.)   21c. How injury occurred (Enter nature of injury in Port 1 or Part 2, Item 18.)   21c. How injury occurred (Enter nature of injury in Port 1 or Part 2, Item 18.)   21c. How injury occurred (Enter nature of injury in Port 1 or Part 2, Item 18.)   21c. How injury occurred (Enter nature of injury in Port 1 or Part 2, Item 18.)   21c. How injury occurred (Enter nature of injury in Port 1 or Part 2, Item 18.)   21c. How injury occurred (Enter nature of injury in Port 1 or Part 2, Item 18.)   21c. How injury occurred (Enter nature of injury in Port 1 or Part 2, Item 18.)   21c. How injury occurred (Enter nature of injury in Port 1 or Part 2, Item 18.)   21c. How injury occurred (Enter nature of injury in Port 1 or Part 2, Item 18.)   21c. How injury occurred (Enter nature of injury in Port 1 or Part 2, Item 18.)   21c. How injury occurred (Enter nature of injury in Port 1 or Part 2, Item 18.)   21c. How injury occurred (Enter nature of injury in Port 1 or Part 2, Item 18.)   21c. How injury occurred (Enter nature of injury in Port 1 or Part 2, Item 18.)   21c. How injury occurred (Enter nature of injury in Port 1 or Part 2, Item 18.)   21c. How injury occurred (Enter nature of injury in Port 1 or Part 2, Item 18.)   21c. How injury occurred (Enter nature of injury in Port 1 or Part 2, It	19a. Date of operation   19b. Condition for which operation was performed   20a. Autopsy?   20b. If Yes, were findings considered in certifying causes of Death?   21o. Accident was underlying   21o. Time of Injury   21c. How injury occurred (Enter nature of injury in Port 1 or Part 2, Item 18.)   19   21d. Injury occurred or the deceased of Injury of Injury occurred or the deceased of Injury of Injury occurred or the dote and hour ond from the courses stoted obove, (I) (this hospital) ottended the deceased from   19   21d. Location of Injury occurred or the dote ond hour ond from the courses stoted obove, (I) (we) (did) (did not) view the body ofter deoth.   22b. SIGNATURE   22c. Date signed   22c. Date s	19a. Date of operation   19b. Condition for which operation was performed   20a. Autopsy?   20b. If yes, were findings considered in certifying cause of death?   Yes   No   Causes of Death?   21b. Time of Injury   Hour A.M. Month Day Year   19   21d. Injury occurred on the dote ond hour ond from the couses stoted obove, (I) (this hospitol) ottended the deceosed from   19   19   19   19   19   19   19   1		PART I. DEATH WAS CAUSED IMMEDIA  Conditions, if ony, which gave rise to immediate cause (o), stating the underlying couse	BY: TE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  (b)  (b)	Kasi, L	eres The a	e d		
On Contributing Cause of DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19  21d. INJURY OCCURRED While Nat while at wark at wark at wark	County   C	County   C	OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M.   Month Day Year   19	2	PART 2. OTHER SIGNIFICANT CON		RFORMED 20a. AL	TOPSY?	20b. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIF	YING
While Not while of wark at wark at wark	While Not while at wark at wark () (this hospital) attended the deceased from 1958 to Charles 1968 that (1) (wer) lose	While of work of work of the deceased from 1958, to 1958, to 1958, that (I) (we) los sow the deceased olive on 1958, ond that in (my) (our) opinion death occurred on the date and hour and from the courses stated above, (I) (we) (did) (did not) view the body ofter death.  22b. SIGNATURE  DEGREE PHYS.  DEGREE PHYS.  DEGREE PHYS.  DEGREE PHYS.  DIRECTOR  DI	While of work at work   OFFICE BUILDING, ETC.   The bottom sheet of kinds of work   OFFICE BUILDING, ETC.    220. I certify that (I) (this haspital) at each of the deceased from, 1958, to		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Year P.M. 1	21c. HOW INJURY	OCCURRED (Enter nature			
	sow the deceosed olive on, 19, and thot in (my) (our) opinion deoth occurred on the dote and hour and from the courses stated above, (I) (we) (did) (did not) view the body ofter deoth.	sow the deceosed olive on	sow the deceosed olive on		While Nat while at wark at wark						

funeral 1 and 2 TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in 5% by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. ours offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the hospital or ottending physician Poge 4 moy be retained by the hospitol or ottending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06337 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle lost 20. DATE OF DEATH First 2b. HOUR (Type or print) Aprilia **GERMAN** 7:15A. N LEE WILLIAM 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 24 HRS 6. AGE (In years requires that the death certificate be executed within 24 haurs after lost birthdoy) April 24, 1892 Ma1e White 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED (country) Mary 1 and and completely filled in USA WIDOWED [ DIVORCED [ WICOMICO within 72 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR giye street oddress) 111 Brooklyn Avenue during most of working life, even if retired.) Retired Auto Salesman INDUSTRY carbon Salisbury event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 111 Brooklyn Avenue Wicomico Salisbury Maryland ony 14. FATHER'S NAME First Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Middle Foskey please Washington Mary German and (Wife) 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT 111 Abdresoklyn Avenue Salisbury, Maryland Yes, no, or unknown) removal 182-18-2072 Mrs. Elise L. German. the ottending phys 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 10 IMMEDIATE CAUSE (o) cremation, mos Conditions, if ony, which gove: buriol-tronsit rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) prior ta 10 FUNERAL DIRECTOR: After this certificate has been the FICATION 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 200 ATTOPSY? CAUSES OF DEATH? YES 🖂 NO 🗔 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Not while ot work ot work 22a. I certify that (1) (this haspital) attended the deceased fram\_ 19 Pand that in (my) (our) opinion death occurred an the date and have and fram the couses stated abave, (1) (we) (did) (did nat) view the body after death. 22b, SIGNATURI 22c. DATE SIGNED ATTENDING STAFF PHYS. April 29/1968 director, page should be filed DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 707 Camden Ave., Salisbury, Maryland Dr. Alberta Polin 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) 29.1968 Parsons Cemetery Salisbury, Wicomico, Maryland Burial 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 30M REV, 1/68 1968

HOLLOWAY & COMPANY, SALTSBURY, MARYLAND

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CERTIFICATE OF DEATH

HOLLOWAY & COMPANY, SALISBURY, MARYLAND

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	ECEASED-NAME Type ar print)	First	BL	Middle ONDELL	HAT	TON Lost		2a. DATE OF	April 5 D	DY 196	50°		HOUR 15A M
3. SI	EX		4. RACE			S. DATE OF E	BIRTH		6. AGE (In years	IF UNDER		IF UNDER	
F	'emale		Whi	te		Augus	t 12, 1	1886	last birthday)	MONTHS	OAYS	HOURS	MIN.
70.	BIRTHPLACE (Stote or fore	eign'	7b. CITIZEN OF WHA	T COUNTRY?	8. MARRIE	D NEVER MA		9. COUNTY OF	DEATH				
caul	Maryland		USA		WIDOWE		RCED 🗍	WICO	MICO				Md.
10. (	CITY OR TOWN OF DEATH			ME OF HOSPITAL OR IN					(Kind of work done			BUSINESS	SOR
Sa	lisbury		Deer qive sti	s Head S	tate	Hospita	1 during m	ost af warking se work	life, even if retired.)	INDL	JSTRY		
13a.	USUAL RESIDENCE (When	e deceose	d lived, if institutio	n: Residence before	13c. CITY (	OR TOWN	13d. INSIDE CITY L		REET AND NUMBER				
adm	ission) STATE Mary Land		Wicomi	co	Mard	ela	YES NO	○□ Br	idge Stre	et			
14.	FATHER'S NAME First	t	Middle	Last		IS. MOTHER'S A	ALIDEN NAME F	First	Middle			Lost	
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	. WAS DECEASED EVER IN			16b. SOCIAL SECURITY	NO. 17	. INFORMANT (	Daughte	er)	Address	0.0.	Box	127	
1	res, no, ar unknown) (	ii kaz dina mo	ir or dates of service)	212-14-47	17 M	rs. Geo	rge Der	nnis, M	ar <mark>d</mark> ela Spr	ings			
	18. CAUSE OF DEATH	(Enter only	y one cause per line	for (o), (b), and (c)	.)						APPROXI BETWEEN (	IMATE INTER	VAL OEATH
	PART I. DEATH WA	S CAUSED	BY: TE CAUSE (a)	Coronary	throm	bosis					_		
	4100		(-)	A CONSEQUENCE OF									
	Conditions, if ony, which		(b)	Hypertens	ive a	rterios	cleroti	ie card	iovaseula	r	Ye	ars	
	rise to immediate cau stoting the underlying		(-)	ASES INSERUENCES OF					diseas				
	lost.	)	(c)	Cerebral	throm	bosis w	ith dv	sarthri			1 m	onth	1
	PART 2. OTHER SIGNIFIC	CANT CON	DITIONS CONTRIBUTI	NG TO DEATH BUT N	OT RELATED	TO THE TERMIN	AL DISEASE OR	CONDITION GIVE	N IN PART 1(a)				
N.	420,1												
CERTIFICATION	19a. DATE OF OPERATION	19b. 0	ONDITION FOR WHIC	H OPERATION WAS PE	RFORMED	20a. AUT	OPSY?		YES, WERE FINDINGS	CONSIDER	ED IN C	ERTIFYING	G
ZTIFI						YES	NO 🔀	CAUSES	OF DEATH?				
	21a. ACCIDENT WAS UN		a ret ringe et	INJURY Manth Day Year		HOW INJURY O	CURRED (Ente	r nature of inju	ry in Part 1 ar Part 2	, Item 18.)	)		
MEDICAL	OR CONTRIBUTING CAL			Manin Day Tear				Pile .	- 207	25	- 21		
W	21d. INJURY OCCURRED While Not while at work	21e.	PLACE OF INJURY (	AT HOME, FARM, STREET, FAI DEFICE BUILDING, ETC.	CTORY.) 21f.	LOCATION Stre	et ar R.F.D. No	. City	ar Tawn	Caunt	У	S	State
	22a. I certify that saw the dece	(序(thi	s (pspital) atter	nded the deceas	ed from A	pril 2	, 190	o , ta Ar	r11 5 , 1	9 68	, that	10 (w	e) last
	saw the dece causes stated	ased al	(we) (did) (	フ (権権) view the	bady afte	nd that in (å r death.	<b>K</b> y) (our) opi	inian death (	accurred an the d		100	and fra	ım the
	22b. SIGNATURE	N	Mal	clhe.	DE	GREE PHYS.		MED.	STAFF AND 220	LA/5/			
77	22d. PHYSICIAN'S					22e. AD		M. 116		1		ryla	nel
	NAME (Type)	V.	Maldve, M	1. D.		Deer	s Head	State	Hospital,	Sal	isb	ury,	
230.	BURIAL, CREMATION, REMOVAL (Specify)	23b. D		23c. NAME OF	_				ON (City or Tawn)	(Coun	,,	(State	,
24	Burial  FUNERAL DIRECTOR	IApr	il 8,196	8   Mardel ADDRESS		orial C		y Marde By REGISTRAR	la, Wicom			yrar	id_
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Lineral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages, Land 2 should be filed with the State Dept. at Health priar ta burial, crematian, ar remayal, and in any event, within 72 hours after death. haurs hin 24 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

**DIVISION OF VITAL** 

RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
CERTIFICATE OF DEATH	06339

D. CITY OR TOWN OF DEATH  Salisbury    11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital paye street oddress)   120. USUAL OCCUPATION (Kind of work done paye street oddress)   120. USUAL OCCUPATION (Kind of work done paye street oddress)   120. USUAL OCCUPATION (Kind of work done paye street oddress)   120. USUAL OCCUPATION (Kind of work done paye street oddress)   120. USUAL OCCUPATION (Kind of work done paye street oddress)   120. USUAL OCCUPATION (Kind of work done paye street oddress)   120. USUAL OCCUPATION (Kind of work done paye street oddress)   120. USUAL OCCUPATION (Kind of work done paye street oddress)   120. USUAL OCCUPATION (Kind of work done paye street oddress)   120. USUAL OCCUPATION (Kind of work done paye street oddress)   120. USUAL OCCUPATION (Kind of work done paye street oddress)   120. USUAL OCCUPATION (Kind of work done paye street oddress)   120. USUAL OCCUPATION (Kind of work done paye street oddress)   120. USUAL OCCUPATION (Kind of work done paye street oddress)   120. USUAL OCCUPATION (Kind of work done paye street oddress)   120. USUAL OCCUPATION (Kind of work done paye street oddress)   120. USUAL OCCUPATION (Kind of work done paye street oddress)   120. USUAL OCCUPATION (Kind of work done paye street oddress)   120. USUAL OCCUPATION   120. USAL OCCUPA		06333		CER	TIFICATE OF DEATH		00333
SEX			irst •	Middle	Lost		
To, BIRTHPLACE (Store or foreign To, CITIZEN OF WHAT COUNTRY?  8. MARRIED NEVER MARRIED NOT COUNTRY NEVER MARRIED	(1	ype or print)	EVIN	GORD.	HAVMAN	APRIL 1	
Signification of foreign   7b. CITIZEN OF WHAT COUNTRY   S. MARRIED   NEVER MARRIED   9c. COUNTRY OF DEATH   11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital   120. USUAL OCCUPACION (Kind of work done of law of the country	3. SE	X	4. RACE	111	5. DATE OF BIRTH		
No. CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital   120. USUAL OCCUPATION (Kind of work done   126. KIND OF BUSINESS OR   126. MIDSTRY   126. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before   13c. CITY OR TOWN   13s. MODE CITY LIMITS   13e. STREET AND NUMBER   13e. COUNTY   12e. USUAL OCCUPATION (kind of work done   12b. KIND OF BUSINESS OR   12b. KIND OF BUSINESS		MALE	7	UHITE	MA-/ 7, 1		
1. NAME OF HOSPITAL OR INSTITUTION (If nor in hospital Day of the North Control of Salisbury   126. KIND OF BUSINESS OR	7a. E	IRTHPLACE (State or foreign	7b. CITIZEN OF WI	AT COUNTRY? 8. M.	ARRIED NEVER MARRIED		
Salisbury   Give item oddes of work bodies of wor	COUNT	MARYLANC	2 4.3				
130. USIJAL RESIDENCE (Where deceosed lived, if institution: Residence before   13c. CITY OR TOWN   13d. MSDE CITY LIMITS?   13e. STREET AND NUMBER   13b. COUNTY   12c.   15b. SOLIAL SECURITY ND   15b. MOTHER'S MAIDEN NAME First   Middle   Lost   15b. MOTHER'S MAIDEN NAME First   Middle Maidle NAME F					ION (If not in hospital 120. USUA	L OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
13b. COUNTY   13c. COUNTY							BUVER
16d. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. argunknown)   (If yes give wor or doles of service)   16b. SOCIAL SECURITY ND.   17. INFORMANT   Address   2.6.   Harmon   Address   3.6.   1.6.   Harmon   Address   3.6.   Harmon   Address   3.6.   Harmon   Address   3.6.   1.6.   Harmon   Address   3.6.   Harmon   A					I VICET NO	- 44	PRK DR.
SEE   3   SEE	14. F	ATHER'S NAME First	eles /	R. HAYMA	15. MOTHER'S MAIDEN NAME F	irst Middle	2114
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE (AUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Canditions, if ony, which gove nise to immediate couse (o). Stoting the underlying cause (o). BUE TO, OR AS A CONSEQUENCE OF (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  190. DATE OF OPERATION  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING  190. CONTRIBUTING CAUSE OF DEATH  191. CONTRIBUTING CAUSE OF DEATH  191. CONTRIBUTING CAUSE OF DEATH  192. CAUSE OF DEATH  193. CONTRIBUTING CONSIDERED IN CERTIFYING CAUSE OF DEATH  194. CONTRIBUTING CAUSE OF DEATH  195. CONTRIBUTING CAUSE OF DEATH  196. CONTRIBUTING CAUSE OF DEATH  197. CAUSES OF DEATH  198. CAUSE OF DEATH  199. CAUSE OF DEATH  190. CONTRIBUTING CAUSE OF DEATH  190. CONTRIBUTING CAUSE OF DEATH  190. CAUSE OF DEATH  190. CONTRIBUTING CAUSE OF DEATH  191. CONTRIBUTING CAUSE OF DEATH  191. CAUSE OF DEATH  190. CONTRIBUTING CAUSE OF DEATH  191. CAUSE OF DEATH  190. CONTRIBUTING CAUSE OF DEATH  190. CONTRIBUTING CAUSE OF DEATH  191. CAUSE OF DEATH  191. CAUSE OF DEATH  192. CAUSE OF DEATH  193. CAUSE OF DEATH  194. CAUSE OF DEATH  195. CONTRIBUTING COUSE  195. CAUSE OF DEATH  196. CAUSE OF DEATH  197. CAUSE OF DEATH  198. CAUSE OF DEATH  199. CAUSE OF DEATH  199. CAUSE OF DEATH  190. CAUSE OF DEATH  190. CAUSE OF DEATH  190. CAUSE OF DEATH  190. CAUSE OF DEA				214-36-8/8	2 MRS. L. G.	HAYMAN -	SEE # 13
IMMEDIATE CAUSE (o)   DUE TO, OR AS A CONSEQUENCE OF   Conditions, if ony, which gove isse to immediate cause (o), stoting the underlying cause lost.   DUE TO, OR AS A CONSEQUENCE OF   Co.   DUE TO, OR AS A CONSEQUENCE OF   DUE TO, OR AS A CONSEQUENCE OF   Co.   DUE TO, OR AS A CONSEQUENCE OF   DUE TO, OR				ne for (o), (b), ond (c).)			
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Stoting the underlying cause   DUE TO, OR AS A CONSEQUENCE OF		4/24					
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PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED    PART 2. OTHER SIGNIFICANT CONDITIONS CONSIDERED IN CERTIFYING CAUSES OF DEATH PROPERTY OF DEATH HOUR A.M. Manth Day Year P.M. TO DEATH HOUR A.M.		stoting the underlying caus		AS A CONSEQUENCE OF			
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Ground Country Country (If either, notify medical examiner)    OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Manth Day Year 19	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBU				,
Ground Country Country (If either, notify medical examiner)    OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Manth Day Year 19	TIFICATIO	190. DATE OF OPERATION	9b. CONDITION FOR WH	ICH OPERATION WAS PERFORA			CONSIDERED IN CERTIFYING
While Not while of work 1218. PLACE OF INJUNY (OFFICE BUILDING, ETC.)  22a.   certify that ( ) (this haspital) attended the deceased from 3 - 30					21c. HOW INJURY OCCURRED (Enter	nature of injury in Part 1 ar Port 2,	, Item 1B.)
While Not while of work 1218. PLACE OF INJUNY (OFFICE BUILDING, ETC.)  22a.   certify that ( ) (this haspital) attended the deceased from 3 - 30	DICA	(If either, notify medical exc	aminer) P.M.	19			
22a. I certify that (I) (this haspital) attended the deceased from 3-20, 1968, ta 4-11, 1968, that (I) (we) last	ME	Triting   Mot Withing	210. PLACE OF INJURY	( AT HOME, FARM, STREET, FACTORY.) OFFICE BUILDING, ETC.	21f. LOCATION Street or R.F.D. No.	City or Town	County Stote
saw the deceased alive on 4-11, 1968, and that in (my) (our) opinion death occurred an the date and hour and from the causes stated abave, (I) (we) (did) (did not) view the bady after death.							
22b, SIGNATURE 22c, DATE SIGNED			ave, (i) (we) (ala)	(dia not) view life bady		220	. DATE SIGNED
Around C. Fit swell MD DEGREE PHYS. ATTENDING DIRECTOR DIRECTOR DIVISION H-11-68	-	1 0 1	Fitzers	el MD	DEGREE PHYS. M	IED. STAFF PHYS.	4-11-68
22d. AUSICIAN'S NAME (Type) JOSEPH C. FITZGERALD 22e. ADDRESS NEW COPE. SALISBURY, MH.		22d. AUXSICIAN'S	EDH C.	FITZGERA	22e. ADDRESS		sbuer Md
23a RINIAI (PEMATION   23h DANE / .   23c NAME OF (EMETERY OR (PEMATORY /   123d IOCATION (City or Town) (County) (Stote)	- 1	RIPUAL CREMATION 23	7 / /			1 22d LOCATION (City or Town)	15 12 / 15 1
AMOUNT SPETIMENT 4/13/1968 PARSONS CEMETERS SAL, SOURS WICE MO	230.			ZOU MANGE OF CEME	LKI OK CKGNATOKI	230. LOCATION (CITY OF TOWNS	(County) / (Store)
24. FUNCAS DIRECTOR  ADDRESS  ADDRESS  ADDRESS  250. REC'B BY REGISTRAR 1256 REGISTRAR 1256 REGISTRAR 1256 REGISTRAR 256 REGISTR	230.	ATMONAL (Specify)	1/13/196			SAL SOU	er wico mo

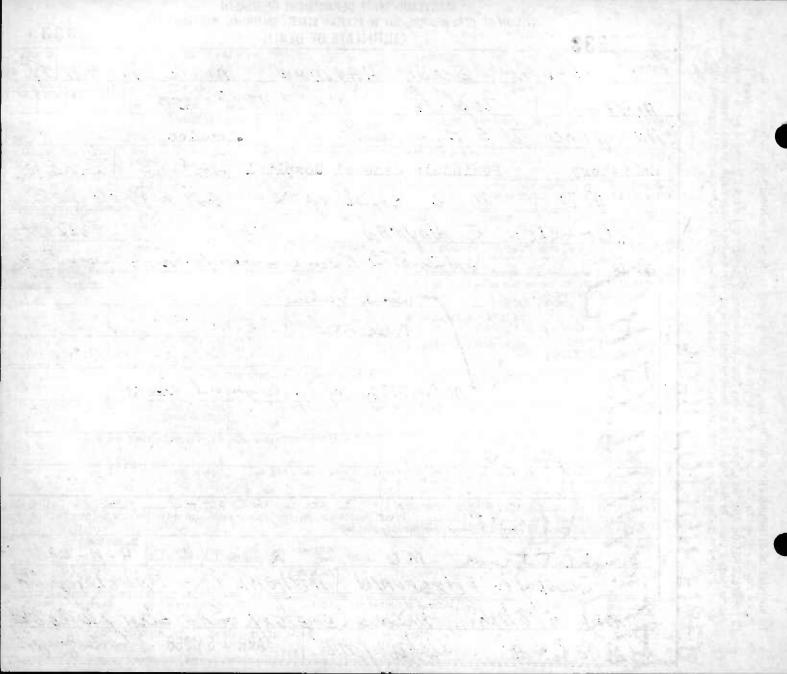
VR A15 (4) 30M REV. 1/68

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detoched for use os the burial-tronsit permit. Then pleose remove carbon popers. Poges 4 and should be filed with the State Dept. of Heolth prior to burial, cremation, or remaval, and in ony event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours,

Page 4 moy be retained by the hospital or attending physician.

affer deoth



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06334 CERTIFICATE OF DEATH 20. DATE OF DEATH April Mc DECEASED-NAME Middle CHARLES signed by the ottending physician ond completely filled in by the funeral burial-tronsit permit. Then please remove corbon papers. Pages Fand 2 burial, cremotion, or removal, ond in any event, within 72 hours ofter depth **JENKINS** TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Poge 4 may be retained by the hospital or attending physicion. Month 12 Doy 68 Year (Type or print) 3. SEX Male 6. AGE (In years IF UNDER 1 YEAR Colored lost to Bhdoy) 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) WICOMICO WIDOWED DIVORCED [ 10. CITY OR TOWN OF DEATH SALISBURY, MD. 12o. USUAL OCCUPATION (Kind of work done NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddressDEERSHEAD STATE INDUSTRY during most of wosking life, even if retired.) cher 13c. CHTY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13b. COUNTY YES [ 14. FATHER'S NAM Middle IS. MOTHER'S MAIDEN NAME First 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)

PART I. DEATH WAS CAUSED BY:

BRONCHO™PNEUMONIA\*-----Days BETWEEN ONSET AND OFATH IMMEDIATE CAUSE (o) DUE TO, OR AS. -----Months Conditions, if ony, which gove rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse CHRONIC PYELONEPHRITIS ---- Yrs. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate hos been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES NO 🗌 Yes State Dept. of Health 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. City or Town County While Not while of work Feb. 20 1900 to April 12 19 00 22a. I certify that (I) (this haspital) attended the deceased fram-saw the deceased glive an April 12 168 , and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive an-3 should director, page 3 should should be filed with the causes stated obave. (1) (we) (did) (did not) view the bady ofter death. 22c. DATE SIGNED 22b. SIGNATURE MED. DIRECTOR DEGREE April 13, 1968

56340

HOUR

26. HOUR 8: 20p

Stote

(County)

REGISTRAR'S SIGNATURE

22 Deer shead Hospital, Salisbury, Md.

23d. LOCATION (City or Town)

APR

25b.

IF UNDER 24 HRS.

VR A15 (4) 30M REV. 1/68

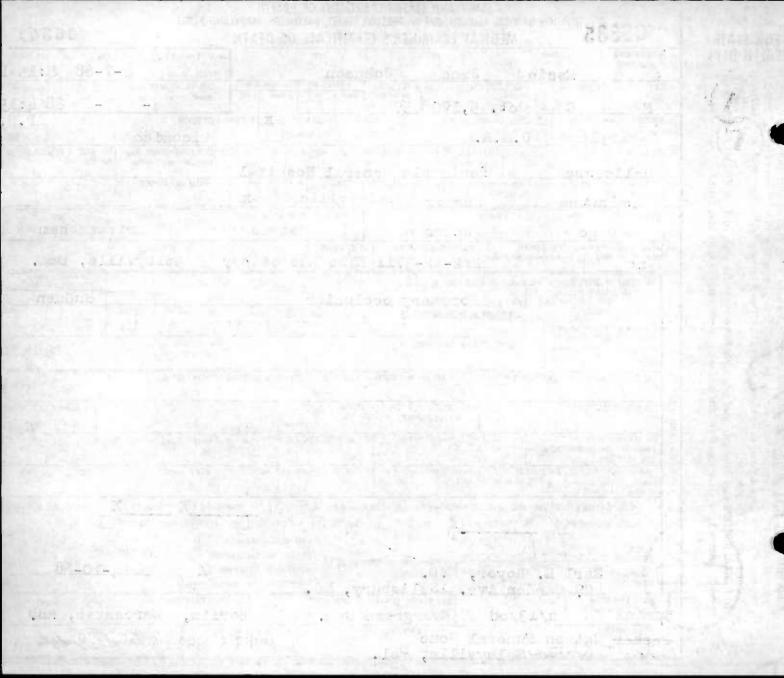
22d. PHYSICIAN'S

REMOVAL (Specify)

24. FUNERAL DIRECTOR

NAME (Type) BURIAL, CREMATION

				,
12:1				
			Ecolog Ferrolina	No.
	ALL STV			610
218	V = 5 n		al error	January Property
			Cold Service	
	Service Service		\$24.4 (A)	
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		REAL MARKET PARTY.	), managaman (	A COLUMN SERVICE SERVI



**ADDRESS** 

REC'D BY REGISTRAR

1968

VR A15 (4) 30M REV. 1/68 24. FUNERAL DIRECTOR

TO SEE THE REPORT OF THE PROPERTY OF THE PROPE

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0634 -

600	000			ERTIFICA	TE OF DEATH	100			0 16 2	9717
1. DECEASED-NAME	First		Middle	21-11	Last	2a.	DATE OF DEATH	Davi	V	2b. HOUR
(Type or print)	Lucy	r	G.	Ke	esey		April	20	1968	1 A
3. SEX		4. RACE		S.	DATE OF BIRTH		6. AGE (In			IF UNOER 24 HRS. HOURS MIN.
Femal	.0		White		FEB. 29,	188	7 8 pin	YRS.	MONINS UATS	HOURS MIN.
70. BIRTHPLACE (Stote o	or foreign	7b. CITIZEN OF WI	HAT COUNTRY?	B. MARRIED	NEVER MARRIED [	9. <b>COU</b>	NTY OF DEATH			HOLE
PA.		U. S.		WIDOWED	DIVORCED [		Wicomice			M
O. CITY OR TOWN OF D	EATH		AME OF HOSPITAL OR INS		n haspital 12a. US		IPATION (Kind of w		12b. KIND OF B	USINESS OR
Salisbu			street oddress) eer sheadS			2015	Sylmai		INDUSTRI	
13o. USUAL RESIDENCE admission)	Where decease	d lived, if institut 13b. COUNTY	ian: Residence_before/	NEAVI		NO P	196. STREET AND N	UMBER		
14. FATHER'S NAME	PLES -	Middle A -	GENTZLA	FR 15.1	MOTHER'S MAIDEN NAME	E Eirst 1/5	TER	Middle		Lost
160. WAS DEGEASED EV Yes, no of unknown)	ER IN U.S. ARMI	D FORCES? r or dates of service)	16b. SOCIAL SECURITY N 577-07-60	0. 17. INE	DANIEL-E	E-KE	ESEY	Address	EAVIT	TAL
IR CAUSE OF DE	ATH (Enter only	one couse per li	ne far (o), (b), and (c).)							ATE INTERVAL SET AND GEATH
	H WAS CAUSED	BY:	Recurrent C	er bra	LThrombosi	is			Lino	
1412	O DIMINEDIA		AS A CONSEQUENCE OF							
Canditions, if any			Hypertensix	re Art	ioscleroti	ic Co.	rdio-v s	cular	year	S
rise to immediat		1 /	AS A CONSEQUENCE OF					ismase	k - To the	
lost.	)	(c)			-2-13-14					
PART 2. OTHER SI	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a)									
= 443 X										100
190. DATE OF OPER	ATION 19b. C	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  20o. AUTOPSY?  YES NO (AUSES OF DEATH?)					RTIFYING			
		8 . D. 11111E O		21c. HOW	INJURY OCCURRED (Er	nter nature	af injury in Part 1	or Port 2, It	em 1B.)	
OR CONTRIBUTING			Month Day Year							
₹ 21d. INJURY OCCU While Not what wark at wark	JRRED 21e.	PLACE OF INJURY	( AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	IORY.) 21f. LOCA	TION Street or R.F.D.	No.	City or Town		County	State
22a. I certify	22a. I certify that (1) (this hospital) attended the deceased from 9/25/61, 19, to 4/20/65, 19, that (1) (we) las saw the deceased alive an 19, ond that in (my) (aur) apinion death occurred on the date and haur and from the									
causes st	causes stated abave, (I) (we) (did) (did nat) view the body after death.									
22b. SIGNATURE	V. V (C) China (L) DEGREE ATTENDING DIRECTOR DIRECTOR PHYS. \$\frac{1}{20/68}\$									
22d. PHYSICIAN'S NAME (Type)	T., M	aldve, l	M.D.		Box 2018	B, Sa	lisbury,	Md.	21801	
230. BURIAL, CREMATIO	Ny 23b. 0	ATER. 22/	968 23c. NAME OF G	EMETERY OR CA	OUN /	23d.	LOCATION (City or	Jown)	(County) PE	(State)
24. FUNERAL DIRECTOR	/ 1 )	monny	JOH GAJ	low. M	2So. REC'E	APR		REGISTRAR'S	IGNATURE SA	esgr

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely filled in at the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour

Page 4 moy be retained by the hospitol or ottending physician.

the second secon 11. 30 1 10 8 12. Are Age Part of the state of the state

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Peges 2 the funeral director. Page 4 should be forworded to the Chief Medical Examiner's Office along with farm

This certificate should be executed within 24 hours ofter death

DICAL EXAMINER:

TO DEPUTY

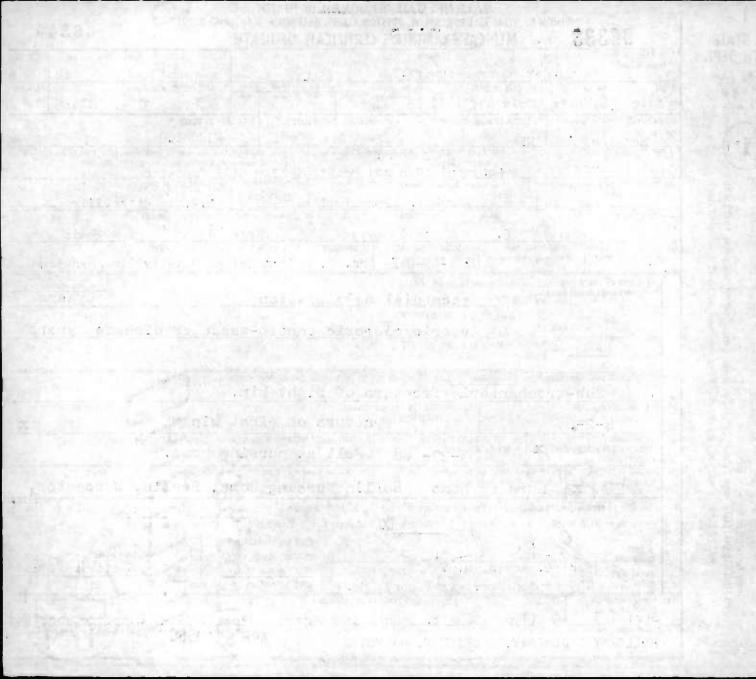
# 06338 MED

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MARYLAND	STATE	DEPAR	TMENT	OF HEALT	H	
RECORDS, 30	1 W. P	RESTON	STREET,	BALTIMORE,	MARYLAND	2120

06344

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	3. SE		4. RACE	S. DATE OF BIRTH		6. AGE (In year	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN	EC. DAIL I KONO		V	2d. HOUR
		la l e		July 24,		86	rs.		April 1	3°Y	Yeor 1968	M
	7o. 8	IRTHPLACE (Sto	te or foreign 7b.	CITIZEN OF WHAT	COUNTRY?		MARRIED NEVER MA		OUNTY OF DEATH			
i		Mary		JSA.	44.5			ORCED 🗌	WICOMI			Md.
À	10. C	TY OR TOWN O		11. NAME	OF HOSPITA	AL OR INSTITUT	ION (If not in hospitol	during most	OCCUPATION (Kind of working life, ev	of work done	12b. KIND OF BUS	INESS OR
0	10	Salis	,	Penir	nsula	Genera	1 Hospita	1 Saw M	ill Opera	ator		
2		mission) STAT		lived, it institution	n: Residence	before 13C.	III OK TOWN	od. INSIDE CITI CIMITAT	136. SIKEET AND	NOWREK		
4	1.4 E	ATHER'S NAME	Maryland First	Middle	di comi	Lost P.C	wellville	DEN NAME Fir		Middle	sville	
1	14, 17	ATTEK 3 NAME					15. MUTHER 5 MAI			Middle	Lost	116
4	1An I	NAC DECEASED E	John Ver in U.S. Armed for	E.	b. SOCIAL SEC	(elly	17. INFORMANT	(Son)		DDRFSS	Lewis	
	(X	s, no, or unkno	wn) (If yes give war			5-0475	Mr. C. M				o Maryl:	and
							711 . C. 11	I I COII NE	illy, Towe	CITAILI	APPROXIMATE	
			F DEATH (Enter only on DEATH WAS CAUSED B	W			demanana	tion			BETWEEN ONSET	
1	30	1/1	IMMEDIATE				degeners	FPTOII			year	
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	-	stoting the u	nderlying couse	DUE TO, OK AS	A CONSEQUI	ENCE OF						
		DADT 2 OTHER	SIGNIEICANT CONDITIO	(c)	TO DEATH 9	DIT NOT DELAT	ED TO THE TERMINAL D	ISLACE OB CONDI	TION CIVEN IN DADT	1/-1		
							e of rig			1(0)		
	TION	190. DATE OF			b. CONDITION	N FOR WHICH	OPERATION				20. AUTOPSY	?
	CERTIFICATION	1	1-2-68	11 113	WAS PERF	ORMED? Fo	cacture o	of righ	t hip		YES	NO IX
		210. EXTERNAL		216. TIME OF INJ	URY Month, D	Doy, Yeor	21c. HOW INJURY OF	CURRED (Enter no	oture of injury in Po	rt 1 or Port 2, I	Item 1B.)	Name of the last o
	MEDICAL	CAUSE OF DEA	OR CONTRIBUTING TH	HOUR A.M. P.M.	3-29-	- 168	Fell at	nursi	ng home	•		
	ME	21d. INJURY O	CCURRED 21e. PLA	CE OF INJURY (At h	nome, form.	street,	21f. LOCATION Street	or R.F.D. No.	City or Tow	n	County	Stote
	To-	AT WORK	AT WORK IN 10CT OF	y, office building, e	home	Ber	lin Nurs	sing Ho	me, Ber	lin,	Worceste	er,
		22o. I	certify that I tool	k chorge of the	remoins d	escribed ob	ove, held on Auto	psy ,	Inspection X, r	n Inquiry X	ond in m	v opinion
		deoth re	esulted from?	Noturol couses	☐. A	ccident X	Suicide ,		- Laboratoria	ned monner		
	23		K	0 //				EF MEDICAL EXAM			The III	
	9	ACTUAL SIGNATURE_	1000	C/4	- la		M.D. ASS	ISTANT MEDICAL E	XAMINER	22b. DAT		
		EXAMINER'S	Earl L.	Royer, N	M.DX			UTY MEDICAL EXA		Ap	ril 4 /1	1968
		NAME (Type)	409 Camo	den Ave.	, Sall i	sbury,	Md. ADI	ORESS(Street, city,	town, or county)			7 150
	23o.	BURIAL, CREMA	ATION, 23b. DA		23c. N/	AME OF CEMET	ERY OR CREMATORY	23	3d. LOCATION (City of	or Town)	(County) (St	tote)
	3,9	REMOVAL (Spe Burial	Apri	1 6. 196	68 St.	John!	s Cemeter	v P	owellvil	le. Wic	omico Mar	yland
78												
	24.	FUNERAL DIRECT	TOR. AY & COMPA			ADDRESS		2So. RECD BY	registrar 1966	REGISTERE	SIGNATURE YARD	Alex.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06339 CERTIFICATE OF DEATH 1. DECEASED-NAME 2a. DATE OF DEATH Last requires that the death certificate be executed within 24 haurs after death (Type ar print) the attending physician and campletely filled in by the funeral sit permit. Then please remave carban papers. Pages I fand 4 RACE within 72 hours after 3. SEX DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR COLORE last birthdoy) MONTHS 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b, CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED Wicomico WIDOWED [ DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Hospital working life, even if retired.) INDUSTRY Salisbuty General ar removal, and in any event, 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY NO 14, FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Last Middle 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address Yes, ng. or unknown) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF NECROSIS OF MANINOTO Conditions, if ony, which gave) burial-transit rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be retained by the haspital ar attending this certificate has been use as the 19g. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ far use Health 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day P.M. If either, natify medical examiner) directar, page 3 shauld be detached shauld be filed with the State Dept. af 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Nat while at work O FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased fram and that in (my) (aur) apinian death accurred an the date and have and from the saw the deceased alive ancauses stated abave, (I) (we) (did) (did nat) view the bady after death. 226 STONATURE 22c DATE SIGNED ATTENDING STAFF PHYS. MED. DIRECTOR DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS Peninsula General Hospital NAME (Type) Martin Zipser, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE (County) REMOVAL (Specify)

ADDRESS.

24. FUNERAL DIRECTOR

2So. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

10000 the street in your plumbings. The rest in the remined a bonered blossoner of mireta a. diposit, M.C. . . . Salindony, Maryland Cleon

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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Л		ECEASED-NAME	First		Middle		Lost		20. D	ATE OF DEATH		111	2b. HOUR
	{1	(ype or print)	Home	en.	LEVIN	11	TTIET	an		April	Day	196	883/AN
	3. SE	X		4. RACE	V- 1		S. DATE OF I	BIRTH		6. AGE (In )	ears	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	1	Male		Wh	iTe		May 7,	1906	,	last birthd	YRS.	MONTHS DAYS	HOURS MIN.
	7o. B	BIRTHPLACE (Stote o	or foreign	7b. CITIZEN OF W	HAT COUNTRY?	8. MARRIEI	NEVER MA	RRIED		NTY OF DEATH			
	COON	Maryla	nd	USA		WIDOWE	DIVO	ORCED	W	icomico			Mo
	10. C	ITY OR TOWN OF D	DEATH		AME OF HOSPITAL OR INST	ITUTION (If	nat in haspital	12a. USU	AL OCCUI	PATION (Kind of wa	k dane	12b. KIND OF	F BUSINESS OR
0		Salish			eninsula	Gen	eral H	losprt	g'I' w	orking life, even if i News Car	rier	Newsp	paper
	13a.	USUAL RESIDENCE (	Where decease	1		13c. CITY (		13d. INSIDE CITY I	LIMITS?	13e. STREET AND NU	MBER	1117	
2	dulli	issian) STATE Mai	ryland	13b. COUNTY	Wicomico	Sali	sbury	YES N	10 🗌	607 Jack	son S	Street	
i	14. F	FATHER'S NAME	First	Middle	Last		IS. MOTHER'S A				Middle	D.1.	Lost
/		J.	ohn	В.	Littlet	on		А	nnie			Dix	
		WAS DECEASED EVI		ED FORCES? ar or dates of service)	16b. SOCIAL SECURITY NO	20	INFORMANT	(Wife)				kson St	
		'es, no, or unknawn) NO	(ii yes give wa	1 07 40183 (1 361710)	220-32=979	M	rs. Els	ie M.	Litt	leton, Sa	lisbu		
					ne for (o), (b), ond (c).)	,		1	1				ONSET AND DEATH
		PART 1. DEAT	H WAS CAUSED	BY: TE CAUSE (o)	muse	and	eicel	inta:	not	riou	9-50	4	8 pros
		410	9		AS A CONSEQUENCE OF		-	.0	1	1	100		
		Canditions, if ony		(b)	anteru.	scl	cret	i le	and	+ duea	se	4	IRS
		rise to immediot stating the unde		DUE TO, OR A	AS A CONSEQUENCE OF								
		lost.	)	(c)									
		PART 2. OTHER SI	GNIFICANT CON	DITIONS CONTRIBU	JTING TO DEATH BUT NOT	T RELATED	TO THE TERMIN	AL DISEASE OR	CONDITIO	N GIVEN IN PART 1(c	1)	1184-3	
3	z	4201		1) ca	betes '	MI	5//14	us					
	CERTIFICATION	19a. DATE OF OPERA	ATION 19b. C	ONDITION FOR WH	IICH OPERATION WAS PERI	FORMED	20a. AUT	OPSY?		20b. IF YES, WERE FI	NDINGS CO	INSIDERED IN C	ERTIFYING
	RTIFI						YES		- 1				
		21a. ACCIDENT W			FINJURY Month Doy Yeor	21c.	HOW INJURY O	CCURRED (Ente	er nature	af injury in Part 1 o	r Port 2, It	tem 18.)	
	MEDICAL	(If either, notify n	nedical examin	er) P.M.	19								
	×	21d. INJURY OCCU While Nat wh	JRRED 21e.	PLACE OF INJURY	( AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	ORY.) 21f.	LOCATION Str	eet or R.F.D. No	J.	City ar Town		County	State
	d	at work at wa	rk								-		
		22a. I certify	that(I) (this	s haspital) atte	ended the deceased	d from_					, 19_	GO, that	(1) (we) las
	П	saw the	ated abave	(I) (we) (did)	(did nat) view the b	adv afte	na mai ingi r death.	ny) (aur) ap	inian a	earn accurrea ai	i the dat	e ana naur	ana tram the
		22b. SIGNATURE		3.7(0)(0.0)	guid Hally Hotel Hield			1-6	/		22c. D	DATE SIGNED	
		las	115	- Farrel	Iseley M	. () DE	GREE PHYS.		MED. DIRECTOR	STAFF PHYS.		ri1 8,	1968
		22d. PHYSICIAN'S				/ •	22e. AD				I API	110,	1,00
		NAME (Type)	Dr. Jo	ohn T. B	ulkeley		S.	Salisb	ury	Blvd., Sa	lisb	ury, Ma	aryland
	23a.	BURIAL, CREMATIO		ATE	23c. NAME OF C	EMETERY C	R CREMATORY		23d.	LOCATION (City or To	wn)	(County)	(State)
1		REMOVAL (Specify) Burial	Apr	ril 10.1	968 Parsons	Cem	eterv		Sa1	isbury, V	/i com	ico, Mar	ryland
2	24.	FUNERAL DIRECTOR			ADDRESS		14 16 17	2Sa. REC'D E		TDAD 25h DE	CICTDAD'S	SIGNATURE	
-		HOLLOWA	Y & CON	YPANY S	ALTSRURY A	IVAAN	AND			1 (	11/1100	was Ju	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the Lumbral director, page 3 should be detached for use as the burial-tronsit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior ta burial, cremotion, or removal, and in any event, within 72 haurs after defails. O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 haur Page 4 may be retoined by the hospital or attending physician. VR A15 (4) 30M REV. 1/68

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VR A15 (4) 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 36348 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR (Type or print) ASSE 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS. 3. SEX last birthday) DAYS HDURS 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED Wicomico DIVORCED [ WIDOWED 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR Hospital ELICTRACA give street address) Peninsula ANDUSTRY Salisbury General DIN 13a, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission STATE 13b. COUNTX YES 🟋 NO [ 1S. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle First Middle Last 55 MSSE 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, ng, ar unknawn) (If yes give war or dates of service) SSE CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) BETWEEN DINSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF aneuron Canditians, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 19a. DATE OF OPERATION CAUSES OF DEATH? YES 🗀 NO [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. ( AT HDME, FARM, STREET, FACTORY. ) 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY Street or R.F.D. Na. State City or Town. County While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased framand that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an\_ causes stated abave, (1) (we) (did) (did pat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DEGREE PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE (Caunty)

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2Sa. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

law requires that the death certificate be executed within 24 haurs after death. attending phys signed by the burial-transit p O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. has been see as the left the priar take ad far use of Health this certificate be detached 3 shauld be detached with the State Dept. O FUNERAL DIRECTOR: After directar, page 3 shauld be filed v

lease remave carban papers. and in any event, within 72 h and campletely filled in

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FUNERAL DIRECTOR

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEP DECEASED-NAME First Middle 20. DATE KNOWN Lost Month Doy Year (Type or Print) McBRIDE TEE ROBERT 4-19-68 2, and 3 to PM3. Page lond 2 with the State Department of DEATH MATED IE LINDER 24 HRS AGE (In years 2d. HOUR 3. SEX 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 60 y MIN. HOURS 1068 79 Yeor W M 7a. 8IRTHPLACE (State or foreign MARRIED KINEVER MARRIED 9. COUNTY OF DEATH Page 4 should be forwarded to the Chief Medical Examiner's Office along with form Give Poges 1, country) Wicomico WIDOWED [ DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR This certificate should be executed within 24 hours ofter death INDUSTRY give street oddress during mest of working life, even if retired.) Delmar Pine St. 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE Md. 13b. COUNTY Wicomico Pine St. Delmar 1.00 YES NO Item 18. ofter 14. FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME First Middle = hours poges 16a. WAS DECEASED EVER IN U.S. ARMED FORCES pencil (Yes, na, or unknown) (If yes give war of dates of service) permit. File APPROXIMATE INTERVA = within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: occlusion sudden Coronary pending IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gove rise to immediate couse (o), writing the word DUF TO OR AS A CONSEQUENCE OF stoting the underlying cause = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 removal, nsed 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? 190 DATE OF OPERATION WAS PERFORMED? NO X necessory, please execute the certificate, pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 0 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 3 should HOUR A.M. SICAL EXAMINER: PRIMARY OR CONTRIBUTING cremation, CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town State County foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE NOT WHILE burial 220. I certify that blook charge of the remains described above, held an Autopsy , Inspection X ond in my opinion Inquiry the tuneral director. Suicide death resulted from: Notural couses X. Accident Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER TO DEPUTY M.D. 1968 Earl April 20. DEPUTY MEDICAL EXAMINER Health Salisbury, Md DURESS(Street, city, fown, or county) Camden 0 23o. BURIAL, CREMATION 23c. NAME OF GEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 250. REC'D BY REGISTRAR VR A15ME (5) Marvel Funeral Home, Delmar, Md. DATE 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

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the attending physicion and campletely filled jarby 1 sit permit. Then please remave carban papers. Pot mation, ar remaval, and in any event, within 72 hours

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06350 CERTIFICATE OF DEATH 1. DECEASED-NAME 2o. DATE OF DEATH 2b. HOUR Month (Type or print) Dov Yeor 4. RACE IF UNDER 24 HRS IF UNDER 1 YEAR 3. SEX 6. AGE (In years lost birthday) HOURS 192 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED country)\_/ Wicomico WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR General Hospital of working life, every if ejired **INDUSTRY** Salisbury 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YES NO. 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Lost 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. MEORMANT Yes, no, or unknown) APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND OEATH PART I. DEATH WAS CAUSED BY Arcinoma 10313 205 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) HICINOMA C-25T rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES | NO [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor P.M. (If either, notify medical examiner) AT HOME, FARM, STREET, FACTORY. 1 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Not while of work used from 3 - 22, 19 5, to 7, 19 , that (I) (we) last 19 , and that in (my) (our) opinion death occurred on the dote and hour and from the 22a. I certify that (1) (this haspital) attended the deceased from saw the deceased alive on causes stoted above, (1) (we) (did) (did nat) view the body after death. 22c. DATE-SIGNED 22b. SIGNATURE ATTENDING DEGREE DIRECTOR PHYS. PHYS. 22d. PHYSICIAN'S 220 ADDRESS NAME (Type) 23d. LOCATION (City or Town) NAME OF CEMETERY OR CREMATORY (Stote 236. BURIAL, CREMATION (County) REMOVAL (Specify) FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

					CEKIII	ICATE OF DEATH				
1.	DECEASED-NAME	First		Middle		Last	2a. DATE OF		V	2b. HOUR
	(Type ar print)	HARR	Y	LEE		MESSICK	Apr	i 1 Manth Do	4 1968	7:15A
3.	SEX		4. RACE			S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR MONTHS   DAYS	IF UNDER 24 HRS. HOURS MIN.
	Male			White	12.5	July 22, 19	01	last birthday) 66 YRS		HOURS MIN.
7a	. BIRTHPLACE (State or nuntry)	fareign	7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIE	DEVER MARRIED	9. COUNTY OF	DEATH		
	Maryla		US		WIDOWE		WICOM			N
10	CITY OR TOWN OF DE Salish			11. NAME OF HOSPITAL OR IN give street address) Peninsula Ge		fnatin haspital 12a. USU during m Hospital Gro	ast of warking I	(Kind af wark dane ife, even if retired.)		
	missian) STATE	here decea	1 13h COU	nstitutian: Residence befare NTY Wicomico	13c. CITY	VEC [7] N	م ا	EET AND NUMBER		
14	. FATHER'S NAME	First		Idle Last	i iyas	1S. MOTHER'S MAIDEN NAME		Middle		Last
		rge		. Messi	ck	Ann		М.	Wainw	right
16	oa. WAS DECEASED EVER Yes, na, ar unknawn) No	(If yes give v	var ar dates of serv	210-20-05	M 80	INFORMA(ISOn) Ir. Harry Lee	Messick	512ddr Hai	mmond St lisbury,	Md.
F	PART I. DEATH			per line far (a), (b), and (c)  Acube	.)	onary Infa			ETWEEN O	NSET AND DEATH
	Canditians, if any, rise ta immediate	which gave cause (a),	DUE TO	, OR AS A CONSEQUENCE OF	Муос		arction	1	16	Das
	stating the underl	ying cause	DOE 10	Arterios	elerc	tic Heart I	Disease		Unk	
	4201			ty; Diabete		TO THE TERMINAL DISEASE OR	CONDITION GIVEN	IN PART 1(a)		
CEDTIEICATION	19a. DATE OF OPERA	10N 19b.	CONDITION FO	OR WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?	CALICEC	YES, WERE FINDINGS OF DEATH?	CONSIDERED IN CE	RTIFYING
MEDICAL CE	OR CONTRIBUTING	CAUSE OF DEA	TH HOUR	ME OF INJURY A.M. Manth Day Year P.M. ]		HOW INJURY OCCURRED (Ente	er nature af injury	y in Part 1 ar Part 2,	, Item 18.)	
AAE	While Nat while at wark					LOCATION Street ar R.F.D. No.		ar Tawn	Caunty	State
	220. I certify t saw the d couses sta	hat (I) (the eceased of teal obove	is hospital llive on e, (I) (we)	did) (Old not) view the	ed from_ 9_68 a body ofte	Mar 28 , 19 and thot in (my) (our) op or death.	68, to A inion deoth o	corred on the d	96.8hat lote ond hour (	(I) (we) la and from th
	22b. SIGNATURE	ule	sta	temble	1 M		MED. DIRECTOR	CTAFF	DATE SIGNED	/1968
	22d. PHYSICIAN'S NAME (Type)	Dr. G	• Herb	ert Sembly	7	22e. ADDRESS 400 E. Ch			ury, Md.	
23	a. BURIAL, CREMATION			23c. NAME OF				N (City ar Tawn)	(County)	(State)
L	REMOVAL (Specify)	Ap	ril 16			Memorial Park		Sbury, Wi	comico, M	arylan
24	FUNERAL DIRECTOR	2 00	MPANV	ADDRESS SALISBURY,		1	BY REGISTRAR	6B REGISTRAR	S SIGNATURE	dalla
	HOLLOWAI	0 00	III MINI	SKLISDOKT,	THAILT	DATE	1 - 1 N	of the	1	0

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs after deoth. Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fune of director, page 3 should be detached for use as the burial-tronsit permit. Then please remove corban pages: "Fages," and should be filed with the State Dept. of Health prior to burial, cremotian, or removal, and in any event, within 78 bours after clean.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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	DECEASED-NAME (Type ar print)	onco 1	9 Won	· M	Last LES	20. [	DATE OF DEATH  Manth	Day	Year 8	2b. HOUR
3.	SEX	4. RACE	rece !		5. DATE OF BIRTH		6. AGE (In year	rs IF UI	NDER 1 YEAR	IF UNOER 24 HR
	MALE	WHITE	7.7.11		OCT.13	,1913	last bightay	YRS. MONT	THS DAYS	HDURS MI
7a.	. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHA	T COUNTRY?	8. MARRIED	NEVER MARRIED		NTY OF DEATH			
Luc	MARYLAND	U.S.A	•	WIDOWED	] DIVORCED	, W:	icomico			
10.	CITY OR TOWN OF DEATH Salisbury	11. NAM giye str Per	E OF HOSPITAL OR IN: eet oddress) 11nsula	Gener Gener	al Hospital	ing most of	SHEESE L'E	wed)	SWIFE STATE	TOP OR
130	a. USUAL RESIDENCE (Where decearmissian) STATE	sed lived, if institution 13b. COUNTY	: Residence befare	13c. CITY OR T	OWN 13d. INSID	E CITY LIMITS?	13e. STREET AND NUMB	ER		
14.	FATHER'S NAME First	Middle	Last	15.	MOTHER'S MAIDEN N.	AME First	Mid	dle		Last
	CLARENCE M	ILES			ADA BUT	LER				
16	g. WAS DECEASED EVER IN U.S. AR	MED FORCES?	6b. SOCIAL SECURITY	NO. 17. IN	FORMANT		Add	ress		
	res, no, or unknown)	yar or dates of service)		MRS	S ALLEN	MILES	PRINCESS	ANN		
	18. CAUSE OF DEATH (Enter or PART !. DEATH WAS CAUSE	D 8V			2 100.07				APPROXIM BETWEEN ON	NATE INTERVAL NSET AND DEATH
	492 X IMMEDI	ATE CAUSE (a)	A CONSÉQUENCE OF	garace	- min	xcene			112	100
	Conditions, if any, which gave		/ racheost	teres of	Ono -	10	),			
	rise ta immediate cause (o),	(b)	A CONSEQUENCE OF	1	Endersey	na (				
1	stating the underlying couse lost.			Tue De	elmonous	Que	rgery			
	PART 2. OTHER SIGNIFICANT CO	17				SE OR CONDITIO	ON GIVEN IN PART 1(a)			
Z	Far an	Coursed			Quipho	pelma				
CERTIFICATION	19a, DATE OF OPERATION 19b.	condition for whice	Rene Rene	RFORMED	20a. AUPÓPSY?	NO 🖸	20b. IF YES, WERE FIND CAUSES OF DEATH?	INGS CONSID	ERED IN CE	RTIFYING
MEDICAL CER		TH HOUR A.M.	NJURY Manth Day Year				of injury in Part 1 or E	art 2, Item	18.)	
MED	21d. INJURY OCCURRED 21e While Nat while at work at work	PLACE OF INJURY (			ATION Street ar R.F.	.D. No.	City ar Tawn	Co	unty	State
	22o. I certify that (I) (the sow the deceased courses stated above	live on		9 and	that in (my) (our	19, r) opinion d		_, 19 he date o	, that nd hour c	(I) (we) lo
	22b. SIGNATURE Lehan	d 6.	Hughe	DEGREI	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DAJE	SIGNED/ 4/6	8
	22d. PHYSICIAN'S NAME (Type)		0		22e. ADDRESS					
230		DATE 25/1968		CEMETERY OR C			RINCESS	,	ounty)	(State)
24	. FUNERAL DIRECTOR	-	ADDRESS		2Sa. R	EC'D BY REGIS	TRAR 2Sb. REGIS	TRAR'S SIGN		
	LEVIN R. WII	LSON PRI	NCESS AN	INE. M	D. DATE	APR 9	_ 1988 W	"leared	4. 11.	100

Page 4 may be retained by the haspital or attending physician.

Page 5 may be retained by the haspital or attending physician.

Page 6 may be retained by the haspital or attending physician.

Page 7 may be retained by the haspital or attending physician and completely filled in by the standard director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be detached far use as the burial, cremation, ar remaval, and in any event, within 72 haurs after death. VR A15 (4) 30M REV. 1/68

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AND THE STATE OF THE CONTROL OF THE ASSESSED BOOK IN A MINE and the state of the second

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERI 1. DECFASED-NAME First Middle Lost 20. DATE KNOWN Month 2b. HOUR Yeor (Type or Print) OF 4-28-68 Margaret Murray age to of, DEATH MATED delay IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR pup 10-21-1888 Doy 28 Yeor with the State Depar n/ 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH DIVORCED [ Wicomico Selbyville WIDOWED [ Delaware pencil in Item 18. Give Pages 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY give Peninsula General Salisbury ousework 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 3c. CITY OR TOWN 13d, INSIDE CITY LIMITS? death. 13e. STREFT AND NUMBER 13b. COUNTWORCESTER Whaleysville No. odmission) STATE Md. Route 1 haurs l and 2 after 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Lost 24 William Curtis Murray Julia Campbel haurs 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS be executed within (Yes, no, or unknown) File 19-34-3688 Olive E Murray Whalevyille .⊑ APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY pending Acute pulmonary edema minutes IMMEDIATE CAUSE (o)\_\_\_\_ event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove Chronic congestive heart failure months rise to immediate couse (a), any This certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Arteriosclerotic cardio-vascular disease .⊑ vears PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 0 OS remaval CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. YES X NO [ pe p 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 3 shauld shauld MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. crematian. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) NOT WHILE D AT WORK burial, 22a. I certify that I took charge of the remains described obove, held an Autopsy X Inspection X Inquiry X ond in my opinion the funeral directar. death resulted fram: Suicide be retained Natural causes X. Accident Hamicide Undetermined monner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED FUNERAL ASSISTANT MEDICAL EXAMINER necessary, Royen, M.D. April 29, 1968 DEPUTY MEDICAL EXAMINER EXAMINER'S Health Camden Ave., Salisbury, Md ADDRESS(Street, city, town, or county) NAME (Type) 109 50 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Selbyville (County) (Stote) REMOVAL (Specify) Sussex 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME (5) 1968 Home, Selbyville, Del. Whalev Funeral DATE

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy Yeor (Type or Print) OF EST!-B. Page ADA NELSON 3 ta d. DEATH MATED delay IF UNDER 24 HRS. 4 RACE 6. AGE fin years 2c. DATE PRONOUNCED DEAD 3 SEX S. DATE OF BIRTH pup HOURS 18 F AA 3-23-97 Yeor 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Wicomico WIDOWED . DIVORCED [ Give Pages vie ryland after death 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress) Hebron Route 1 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN death. 13e. STREET AND NUMBER odmission) STATE Md. 13b. COUNTY Wicomico in Item 18. Hebron Route 1 land2 \ after 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME John Hors Enluribus Morri pages haurs 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO ADDRESS be executed within in pencil (Yes, no, or unknown) (If yes give war or dates of service) 17-14-8317-A Gladys Palmer Spring Hill within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH Page 4 shauld be farwarded to the Chief Medical PART I. DEATH WAS CAUSED BY pending Coronary occlusion sudden IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove Arteriosclerotic cardio-vascular disease vears rise to immediate couse (a). writing the word This certificate shauld DUF TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) D remayal CERTIFICATION used 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO X please execute the certificate, be 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE NOT WHILE 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinion the funeral director. may be retained Natural causes X. Accident . death resulted from: Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER O DEPUTY April 20, 1968 Royer) .D. Health Camden Ave., Salisbury. MCADURESS(Street, city, town, or county) 50 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Burial St. Wark Rockawlking Wicomico Md VR A15ME (5) Stewart. Salisbury, 10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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			CEN	CTIFICATE O	LOCALL		
	ECEASED-NAME First Type or print)	ward	Middle	Last			Day Year 68
3. SE	X Male	4. RACE Whit		S. DATE OF	nand BIRTH t 11,1884	6. AGE (In years lost bythdoy)	IF UNDER 1 YEAR IF UN MONTHS DAYS HOU
	BIRTHPLACE (State or foreign ntry) New York	7b. CITIZEN OF WHAT COUN		MARRIED NEVER N	ARRIED 9. CC	OUNTY OF DEATH	
S	CITY OR TOWN OF DEATH	Pent n	Sula Ge	TION (If not in hospito eneral. Ho	120. USUAL OC Spica Post of Re	CUPATION (Kind of work don Fwarking life, even if retired etired Elect.	12b. KIND OF BUSIN INDUSTRY Engineer
	USUAL RESIDENCE (Where decease issian) STATE Mary land	101 COUNTY		alisbury	13d. INSIDE CITY LIMITS? YES NO	13e. STREET AND NUMBER	ella Street
	FATHER'S NAME First  Bernard		Lost Niemann		MAIDEN NAME First		Boenau
16a.	. WAS DECEASED EVER IN U.S. AR/ Yes, no or unknown) (If yes give v	1 1 1 1 1	10-7944	17. INFORMANT Mrs. Ma	,	116 E. Addess n, Salisbury,	bella Stree Maryland
	Canditions, if any, which gave rise to immediate couse (o), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CON	ISEQUENCE OF	ELATED TO THE TEDMI		TION GIVEN IN DAPT 1(a)	120
_		NUTTONS CONTRIBUTING TO	DEATH BUT NOT K	CEATED TO THE TERMI	MAL DISEASE OR CONDI	TION SIVEN IN PART I(U)	
LIFICATION	190. DATE OF OPERATION 19b.	. CONDITION FOR WHICH OPER	RATION WAS PERFOR	RMED 2Da. AL	ITOPSY?	2Db. 1F YES, WERE FINDING CAUSES OF DEATH?	S CONSIDERED IN CERTIFY
DICAL CERTIFICATION	190. DATE OF OPERATION 19b.  21 a. ACCIDENT WAS UNDERLYII  OR CONTRIBUTING CAUSE OF DEA	NG 21b. TIME OF INJURY	n Doy Yeor	YES	NO 🗆		
	21a. ACCIDENT WAS UNDERLYII  OR CONTRIBUTING CAUSE OF DEA  (If either, natify medical exami  21d. INJURY OCCURRED  While At work  22o. 1 certify that (1) (1)  saw the deceased of	NG 21b. TIME OF INJURY HOUR A.M. Month P.M. P.M. AT HOME OFFICE BUTTON TO STREET THE OFFICE BUTTON TO STREET	Doy Yeor 19 FARM, STREET, FACTORY, UILDING, ETC.	21c. HOW INJURY  21f. LOCATION S  Yom.	NO COCCURRED (Enter note or R.F.D. Na.	CAUSES OF DEATH?  Ure of injury in Part 1 or Port  City or Town	2, Item 1B.)  County  19 68, that(  )
3	190. DATE OF OPERATION 19b.  21a. ACCIDENT WAS UNDERLYII  or CONTRIBUTING CAUSE OF DEA  (If either, natify medical examination of the company	NG 21b. TIME OF INJURY HOUR A.M. Month P.M. ATHOME, OFFICE BUTTON TO STREET THE STREET TO STREET THE STREET TH	DOY YEOT 19 FARM, STREET, FACTORY, UILDING, ETC.  The deceased to the deceased	21c. HOW INJURY  21f. LOCATION S  Nom.  And that in ly after death.  DEGREE PHYS.  22e. A	NO OCCURRED (Enter note of R.F.D. Na.  (my) (our) opinion  DING MED.  DIRECT	CAUSES OF DEATH?  Ure of injury in Part 1 or Port  City or Town  The staff of the s	County  19 6 , that (1) date and hour and 2c. DATE SIGNED

MARYLAND

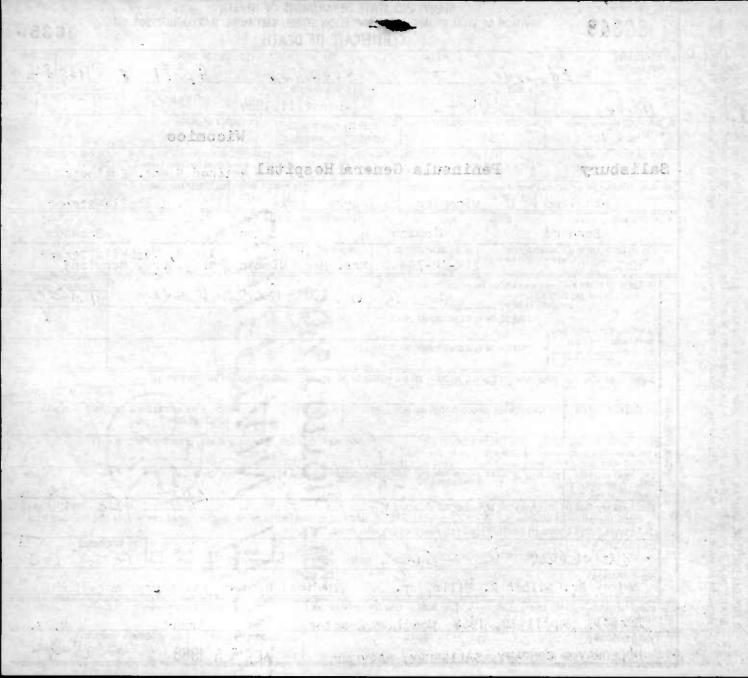
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VR A15 (4) 30M REV. 1/68

death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours often

Page 4 may be retained by the haspital ar attending physician.



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death

Poge 4 moy be retained by the hospital or ottending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 Pares should be filed with the State Dept. of Health prior to burial, cremation, or removol, and in ony event, within 72 haurs after death

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

16356

Sec. 1		ECEASED-NAME	First	Middle		Last	2a. DATE OF DEATH		2b. HOUR
dea dea	(	Type ar print)	HARVEY	JAMES	DA	RKER , JR	. APRIL Mant	h Day	Year I AM
	3. 5	FX	4. RACE	OFFICE		S. DATE OF BIRTH	6. AGE (	In years IFU	INDER 1 YEAR   IF UNDER 24 HRS.
Poges aurs aff		Male		White		May 4, 1897	last bir 70	thday) Man YRS.	THS DAYS HOURS MIN.
AG IND		BIRTHPLACE (State or farei	n 7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF DEATH		
ers.	can	Maryland	USA	1	WIDOWED		Wicomico	)	Md.
ned in 7	10.	CITY OR TOWN OF DEATH	1 007	11. NAME OF HOSPITAL OR IN	STITUTION (If n	at in haspital 12a. USU.	AL OCCUPATION (Kind af		2b. KIND OF BUSINESS OR
signed by the affending physician and completely filled in by the burial-transit permit. Then pleose remove carbon papers. Pogburial, cremotion, or removol, and in ony event, within 72 haurs	L	Salisbury		Peninsula	Gener	al Hospita	on af warking life, eyen Retired	if retired.) Brick Ma	NDUSTRY AS ON
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y e		Mary1		Wicomico	Salis	bury I	_   ZUO Sho	w Hill R	
rem	14.	FATHER'S NAME First		ddle Last		. MOTHER'S MAIDEN NAME I	First	Middle	Last
Se			,	J. Parker,		Emma		F.	Far low
sicic pleo ar		. WAS DECEASED EVER IN L	.S. ARMED FORCES? res give war or dates of sen	16b. SOCIAL SECURITY		NFORMANT (Wife)	208	SAGW Hil	1 Road
ovol		Yes, na, ar unknawn) (If Yes W	ar I		Mr	s. Mary A. P	arker, Sali	sbury, M	Maryland
ending pny nit. Then or removo		18. CAUSE OF DEATH (E	nter anly ane cause	per line far (a), (b), and (c)	) ,	_ 0	0		APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH
ndii or re		PART I. DEATH WAS	CAUSED BY: WMEDIATE CAUSE (a)	Myocar	Litel	Inlarc	tion		
affe ern on, (		4109		OR AS A CONSEQUENCE OF		, 1 , 1	10		X9 - 11 1 1 1
otic otic		Canditians, if any, which	gave) (h	Arterio	scle	th Sittons	Eart 1	1 seuse	
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B = -,		last. $\angle \bigcirc$	duse	)					
urio		PART 2. OTHER SIGNIFICA	NT CONDITIONS CON	ITRIBUTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART	1(a)	
o p o		Hint	1. HEA	ma					
or the	100	19a, DATE OF OPERATION		OR WHICH OPERATION WAS PE	REORMED	20g. AUTOPSY?	20b. IF YES, WER	E FINDINGS CONSI	DERED IN CERTIFYING
ficore hos been s for use os the l f Health prior to k	CERTIFICATION					YES NO S	CALISES OF DEATH		
a se e	ER	21 a. ACCIDENT WAS UND	FRIYING 1215 T	IME OF INJURY	21c HC	OW INJURY OCCURRED (Ente		1 or Part 2 Itam	18 \
Fe Fe		OR CONTRIBUTING CAUS	OF DEATH HOUR	A.M. Manth Day Year		M MONT OCCORNED (FINE	i natore at injury in rait	T di 7dii 2, mem	10.)
- 00	MEDICAL	(If either, natify medical	examiner)	P.M.		CATION CO. DED N	C: T		
<b>ECLOR:</b> After this certing should be detached with the State Dept. or		21d. INJURY OCCURRED While Nat while	ZIE. PLACE OF IN	JURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	211. 10	CATION Street ar R.F.D. Na	. City ar Tawn	Co	ounty State
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After this certi be detached State Dept. o		22a. I certity that	I) (This hospital	attended the deceas	ed from	196 196 196	21, to Aprix	15, 196	, that (I) ( last and have and from the
the the		causes stated	abave (I) (wee)	(did) (did not) view the	bady after a	a mai m (my) (o <del>oi)</del> api leath.	inian aeain gccurrea	an the date a	ina naur ana tram the
should ith the		22b. SIGNATURE		(4/4)	bad, dilor			22c. DATE	SIGNED
		the	Augs	C. HERT	DEGR	EE PHYS.	MED. STAFF DIRECTOR PHYS.		15-68
		22d. PHYSICIAN'S	0 401	X	,	22e. ADDRESS	. 41 ^	01	1 1
P d a		NAME (Type) Dr	<ul><li>Thomas</li></ul>	C. Hill, Jt.		Dine B	Iul Road	Sal	Shury Md
FUNEKAL DIKE irector, page 3 hould be filed w	230	. BURIAL CREMATION,	23b. DATE	23c. NAME OF	CEMETERY OR		23d JOCATION (City or	Town) (C	aunty) (State)
director, page 3 should be filed v	1	REMOVAL (Specify)		3,1968 Wicomi					,
- /./	24.	FUNERAL DIRECTOR	I VALIT IC	ADDRESS	co mem	2Sa. REC'D E	BY REGISTRAR 2Sb.	REGISTRAR'S SIGN	co. Maryland
VR A15 (4) 30M REV. 1/68			COMPANY	, SALISBURY,	MARYLA	ND DATE AF	R 19 1968	yclian	las Judge

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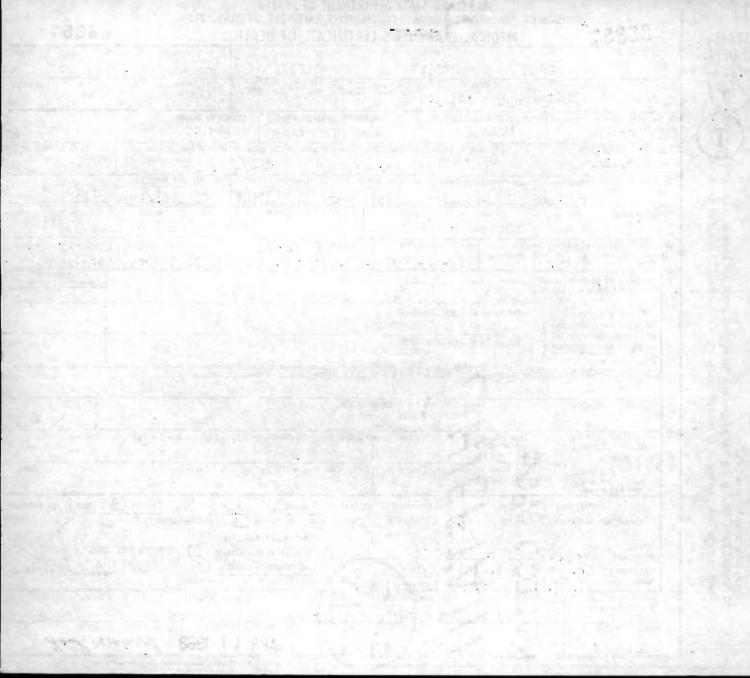
necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files. 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the state Depa Health prior to burial, cremation, or remaval, and in any event within 72 haurs after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-		,		
	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

06357

I. DELEASED-NAME FIRST Middle Lost 2a. DATE KNOWN Mant	
(Type or Print) HORACE ROBERT PARKER OF ESTI- 4,	/14 1968 M
3. SEX	Year 168 AM
70. BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH	
COUNTRY Maryland USA WIDOWED □ DIVORCED ₩ WICOMICO	Md
ID. CITY OR TOWN OF DEATH  Salisbury  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol during most of working life, even if refired. House Painter	
13g HSHALL RESIDENCE (Whore decored lived if institution: Pacidence before 13r CITY OR TOWN 13d INSIDE CITY UMITS? 13e STREET AND NUMBER	
odmission) STATE Maryland 13b. COUNTY Wicomico Salisbury YES NO 606 Liberty	Street
14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle  James Benjamin Parker Irma Ellen	Twi 11ey
16b. SOCIAL SECURITY NO. 17. INFORMANI(mother) ADDRESS 60: Yes War II 16b. SOCIAL SECURITY NO. 17. INFORMANI(mother) ADDRESS 60: ADDRESS 6	6 Liberty St., Maryland
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
148/X DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if ony, which gove	
rise to immediate cause (a).  Stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
last.	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
z 490 x	
19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21a. EXTERNAL CAUSE WAS  21b. TIME OF INJURY Month, Day, Year  21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2)	2D. AUTOPSY?  YES NO
21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year PRIMARY OF DEATH CAUSE OF DEATH 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 PRIMARY OF DEATH CAUSE OF DEATH 21d. INJURY OCCURRED. 21e. PLACE OF INJURY (At home form steet) 21d. INJURY OCCURRED. 21e. PLACE OF INJURY (At home form steet) 21d. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 21d. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 21d. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 21d. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 21d. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 21d. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 21d. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 21d. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 21d. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 21d. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 21d. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 21d. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 21d. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 21d. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 21d. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 21d. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 21d. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 21d. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 21d. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 21d. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 21d. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 21d. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 21d. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 21d. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 21d. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2	!, Item 18.)
21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  AT WORK  AT WORK  21e. PLACE OF INJURY (At hame, farm, street, factory, office building, etc.)  YOUR AT WORK AT WORK AT WORK  AT WORK  21f. LOCATION Street or R.F.D. No.  City or Town	County State
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	
230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)
Burial   April 17,1968 Odd Fellows Cemetery   Seaford ADDRESS   250, REC'D BY REGISTRAR   25b, REGISTRAR   2	De laware
ZM. FUNERAL DIRECTOR ADDRESS ZSO. RECIDITARY 250. REGISTRAN	

TO DEPUTY



06352 **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, cremation, ar remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

					•		-		
	Type or print)  Petso	Middle		Lost	20.	DATE OF DEATH Month Day		2b. HOUR	
3. S		4. RACE		S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNOER 24 HRS.	
J. J	make	White		October	28,	last hirthday)	MONTHS OAYS		
	BIRTHPLACE (Stote or foreign 7b.	. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED		INTY OF DEATH			
cau	Delaware	USA	WIDOWED		W	icomico		Md.	
10.	CITY OR TOWN OF DEATH Salisbury	11. NAME OF HOSPITAL OR	institution (if no	ot in hospital 12a. U	most of v	JPATION (Kind af wark dane working life, even if retired.) Employee of	MIDLICTON	F BUSINESS OR	
	USUAL RESIDENCE (Where deceased lission) STATE	lived, if institution: Residence befo 13b. COUNTY Susseメ		TOWN 13d. INSIDE CIT		13e. STREET AND NUMBER Selbyville		00.	
14.	FATHER'S NAME First	Middle Lost	1	. MOTHER'S MAIDEN NAME	First	Middle	,	Lost	
	Edward	Pepper S	1			izabeth I	epper	1	
160	. WAS DECEASED EVER IN U.S. ARMED			NFORMANT		Address	2.2		
	Yes, no, or unknown) (If yes give war ar		-2805	Gordon Pe	ppe				
	18. CAUSE OF DEATH (Enter only o PART I. DEATH WAS CAUSED BY	Y: //	10	OM A			BETWEEN (	ONSET AND DEATH	
	IMMEDIATE I	7	700						
	Conditions, if any, which gave (b) Esophaceol Varices bleeding						72/105		
	This to the the date to be an act a control of							1000	
	stoting the underlying couse DUE 10, UR AS A CONSEQUENCE OF							6 mes	
	PART 2. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO		RCONDITIO	ON GIVEN IN PART 1(a)			
-	5810					· · ·			
CERTIFICATION	19a. DATE OF OPERATION 19b. CON	NDITION FOR WHICH OPERATION WAS	PERFORMED	20a. AUTOPSY? YES NO	П	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN C	CERTIFYING	
	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HC		nter noture	e of injury in Port 1 or Part 2, I	item 18.)		
MEDICAL	or contributing cause of DEATH (If either, natify medical examiner)	HOUR A.M. Manth Doy Ye P.M.	ar 19						
MED	21d. INJURY OCCURRED 21e. PLA While 7 Not while 7	ACE OF INJURY ( AT HOME, FARM, STREET, OFFICE BUILDING, ETC.		CATION Street ar R.F.D.	No.	City ar Town	County	State	
	at wark of wark   12a. I certify that (I) (this haspital) attended the deceased from 1968, to 4-20, 1968, that (I) (we) last								
	saw the deceased glive an19								
	22b. SIGNATURE			ATTENDING	MED	22c. 1	DATE SIGNED	1100	
	Henry	1 arnes	DEGR	EE PHYS.	MED. DIRECTOR	R PHYS.			
	22d. PHYSCIAN'S NAME (Type) E. Ken	nt Carney M.	D	22e. ADDRESS Medical	Cer	nter, Salish	oury,	Md.	
23a	BURIAL, CREMATION, 23b. DATE	E 23c. NAME	OF CEMETERY OR	CREMATORY	23d.	LOCATION (City ar Tawn)	(Caunty)	(State)	
	REMOVAL (Specify) Burial Apri	il 24,1968 Ro	xana C	emetery		Roxana, Sus	ssex.	Del.	
24.	EUNERAL DIRECTOR	// ADDR		7 2So. REC'I					

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Page 4 may be retained by the hospital ar attending physician.

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1105	U all			CERTIFICA	F OF DEATH				100	353
	1. DECEASED-NAME	First		Middle		Lost	2o. DATE O				2b. HOUR
	(Type or print)	FREDE	RICK	0.	PORT	ER	1 2 0	April	1000	1968	12:50AM
	3. SEX Male		4. RACE	ie.		PPT 13.	1889	6. AGE (In y	eors yy) YRS.	IF UNOER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	7o. BIRTHPLACE (Stote country)	or foreign	7b. CITIZEN OF WH	AT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED A DIVORCED	9. COUNTY OF	DEATH MICO			Md.
	D. CITY OR TOWN OF Salis	oury	Dea	ME OF HOSPITAL OR IN treet address Fr S Head	State Ho		JAL OCCUPATION nost of working			12b. KIND OF INDUSTRY	BUSINESS OR
2	30. USUAL RESIDENCE STATE	(Where deceose	ed lived, if institution	on: Residence before	13c, CITY OR TO	August Tolday		TREET AND NUM		152	
2	14. FATHER'S NAME	First LES	Middle W ,	PORT	ER IS. M	THER'S MAIDEN NAME		N	Niddle	GARI	Lost
	160. WAS DECEASED E Yes, no, or upknow		ED FORCES? ar or dates of service)	16b. SOCIAL SECURITY	.//	CSSELL	PORT		Idress BA	BTON	19.
		ATH WAS CAUSED		e for (o), (b), ond (c)	•					APPROXI BETWEEN O	MATE INTERVAL ONSET AND GEATH
	Conditions, if or rise to immedia stoting the unclast.	γ, which gove ate cause (a), erlying couse	DUE TO, OR AS	S A CONSEQUENCE OF							
		myeliti	s follow		s postop	erative recommendation autopsy?  YES NO	duction	frac.	left	t hip.  DNSIDERED IN C	tis
	210. ACCIDENT V OR CONTRIBUTING (If either, notify 21d INIURY OC	CAUSE OF CEATE	HOUR A.M. P.M.	Month Doy Yeor	9	NJURY OCCURRED (Ent		ıry in Port 1 oı	r Port 2, It	tem 18.)	
	21d. INJURY OCC While Not vot work of work	URRED 21e.	PLACE OF INJURY (	AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY.) 21f. LOCAT	ON Street or R.F.D. N	o. City	or Town		County	Stote
	22a. I certify saw the couses	that (X) (thi deceased al stated above	s hospitol) atte ive an April (we) (did) (	nded the deceos (didynot) view the	ed from Janu 19 <u>68</u> , ond th body after dea	ary 23 , 19 at in (My) (aur) ap th.	68 , to Are pinion death	accurred on	, 19_ the dat	68, that te and haur	(l <b>)</b> (we) lost and from the
	22b. SIGNATURE	14	Jin	ncec	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		ATE SIGNED /10/68	
1	22d. PHYSICIAN'S NAME (Type	,	H. Winnac	estt, M. D	),	22e. ADDRESS Deer's Hea				Maryla Salist	
	BURIAL, CREMATI REMOVAL Specif	sh p	4// 12 10/	08	CEMETERY OR CRE	MATORY		ON (City or Tov	N	(County)	A(Stote)
188	24. FUNERAL DIRECTO	121 Ka	Moo	R-6 ADDRESS	) BNT	DATE AF	PR 18	1968 REG	Clia	SIGNATURE	idge

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages of should be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after deatheath. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the haspital ar attending physician.

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ell total electron	te, d. C. Peer's Mard State	Converse of the second
A W. W. W. Oak		

DECEASED-NAME (Type or print) 3. SFX Female 14. FATHER'S NAME

ar remaval, and in any event, within 72 burial, crematian, with the State Dept. af Health priar ta ed

VR A15 (4) 30M REV. 1/68-

TO HOSPITAL OR ATTENDING PHYSICIAN: The taw requires must me would be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in place to the purial permit. Then please remave carbon and cample and the burial transit permit. directar, page should be filed

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

death.

CERTIFICATE OF DEATH First Middle Lost 2o. DATE OF DEATH 2b. HOUR MYRTLE CULVER ROBINSON 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR HOURS White 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRYDELAWARE U 5.4 WIDOWED [ DIVORCED WICOMICO 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b, KIND OF BUSINESS OR during prost of working life, even if retired.) give street oddress)
Deer's Head State Hospital INDUSTRY Salisbury HOUSEWORK 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER odmission) STATE Mary Land Wicomico Spring Grove Road Mardela First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle EARN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes no, or unknown) 12-09-7711 HARR 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND OFAT PART I. DEATH WAS CAUSED BY: Cerebral vascular accident Hours IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove Neurological disease - undetermined etiology 18 months rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO DC 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while of work 22a. I certify that (A) (this hospital) attended the deceased from September 11, 19 67, to April 15, 19 68, that (4) (we) last sow the deceased alive an April 15 19 68, and that in (my) (our) opinion death occurred an the date and hour and from the causes stated above, (A) (we) (did) (did/pot) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF PHYS. 4/15/68 PHYS DIRECTOR Maryland 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Deer's Head State Hospital, Salisbury, A. C. Mitchell, M. D. 23b. DATE NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION (Stote) FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATUR

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POOR .	30	ibinas maren	161.79		
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CERTIFICATE OF DEATH

	ECEASED-NAME Type ar print)	JOHA	1	HOWAR	)	PYA	/	APRI		Day	1988	2b. HOUR 8 P M
3. S			4. RACE	HITE	- !	ebrua		12	6. AGE (In year last birthday)		UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
7a. cau	BIRTHPLACE (State on natry) Marylan	r foreign d	7b. CITIZEN OF V		8. MARRIED [2] WIDOWED	NEVER MA		Wic	OMICO			Md.
	Salisb	ury	a ja	NAME OF HOSPITAL OR IN eninsula	Gener	al H	ospita	1 of working	ON (Kind of working life, exem if retine to pe	erato	12b. KIND OF I INDUSTRY	Business or ucking 60
adm	issian) STATE Mar	yland	13b. COUNTY	icomico	Salisb	ury	YES NO	J 42	STREET AND NUMB 24 Washir	ngton	Stree	
		First Ionatha		Ryan		TODALANT.		iel	Mid			erts
160	. WAS DECEASED EVE Yes, na, ar unknawn) NO	R IN U.S. ARM	ar or dates of service)	16b. SOCIAL SECURITY 220-10-98		· Mar	Wife) ion H. R	yan,	+24 Washi Salisbur	ingto y, M	arylar	nd MATE INTERVAL
	PART I. DEATH  Canditians, if any, rise ta immediate stating the under last.	which gave e cause (a),	DUE TO, OR	AS A CONSEQUENCE OF	na le	12	3,397				BETWEEN OF	NSET AND DEATH
Z	PART 2. OTHER SIG	GNIFICANT CON	IDITIONS CONTRIB	UTING TO DEATH BUT N	IOT RELATED TO	THE TERMIN	AL DISEASE OR COI	NDITION GIV	VEN IN PART 1(a)			
CERTIFICATION	19a. DATE OF OPERA	ATION 19b.	CONDITION FOR W	HICH OPERATION WAS P	ERFORMED	20a. AUT YES			IF YES, WERE FIND SES OF DEATH?	INGS CONS	SIDERED IN CE	RTIFYING
MEDICAL CER	21a. ACCIDENT WA  or contributing   (If either, natify m	CAUSE OF DEAT	H HOUR A.M ner) P.M	. Manth Day Year	9		· ·		ijury in Part 1 ar P			
×	21d. INJURY OCCU While Nat wh at wark at war	k L		( AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.			eet ar R.F.D. Na.		ity ar Tawn		Caunty	State
	saw the	deceased a	live an	tended the decease (did not) view the	19 /- Send	that in (r	ny) (aur) apini	, ta ian death	accurred an t	he date	and haur o	(I) (we) last and fram the
	22b. SIGNATURE	Ken	la	in the second	DEGRE	11113.		D. ECTOR	STAFF PHYS.		TE SIGNED	1968
	22d. PHYSICIAN'S NAME (Type)						ical Cent		alisbury			
L	BURIAL, CREMATION REMOVAL (Specify) Buria	N, 23b. Apr		968 Mardel			emetery	Mard	TION (City or Town lela, Wic	omic	(County) o, Mar	(State) ry1and
24.	FUNERAL DIRECTOR	Y & CO	MPANY	ADDRESS		ND	2Sa. RECEPT	REGISTAAR 5	1968 B. RES	Dear Sign	ENTURE LA	dec.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs-effer TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 30M REV. 1/68

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16355 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED-NAME First Middle 20. DATE KNOWN Month Yeor (Type or Print) OF EDITH SHORES 3 to DEATH MATED ny delay IF UNDER 24 HRS. 6. AGE (in years IF UNDER 1 YEAR 2d. HOUR 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 3. SEX pub HOURS PM3. Deportme 19 68 12-22-02 Doy Yeor W 19 F 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Give Pages 1, Office along with form country) Penna. USA WIDOWED [ DIVORCED [ Wicomico lond 2 with the State 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY General Salisbury 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY EIMITS? 13e, STREET AND NUMBER death. odmission) STATE Md. 13b. COUNTY Somerset Wenona Box 47 in Item 18. YES 🙀 NO 24 hours ofter IS MOTHER'S MAIDEN NAME 14. FATHER'S NAME Middle First Middle Lost Lew 1s Harry Lasker Sarah hours Examiner's pages 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS pencil be executed within (Yes, no, or unknown) (If yes give war or dates of service) Martin Shore, Wenona, Maryland unknown File APPROXIMATE INTERVAL . = within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH be forwarded to the Chief Medical PART I. DEATH WAS CAUSED BY pending Coronary occlusion hour IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if only, which gove Arteriosclerotic cardio-vascular disease rise to immediate couse (a), writing the word certificote should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse . = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 removal used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO IX pe 3 should 1 10 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) Page 4 should PRIMARY [ ] OR CONTRIBUTING [ HOUR A.M EXAMINER: cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote factory, office building, etc.) moy be retoined far your FUNERAL DIRECTOR: Poge NOT WHILE 220. I certify that I took charge of the remains described above, held on Autopsy Inspection X Inquiry ond in my opinion the funerol director. Natural couses X. Accident death resulted from: Suicide F Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER O DEPUTY April 20, 1968 EXAMINER'S Earl Royer DEPUTY MEDICAL EXAMINER Health Md ADDRESS(Street, city, town, or county) NAME (Type) 109 Salisbury, Camden 0 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 4/24/68 Som. Md. St. Paul's Cemetery Wenona Burial 25o. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15ME (5) Deal Island, Md. Funeral Home,

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	CEASED-NAME ype ar print)	WELFO	RD		Middle	S	IMS <sup>Last</sup>		2a.	DATE OF DAPRII	EATH Manth 26	Day	68 Year	2b. HOUR 3:35pa
3. SE	X Male		4. RACE	Colo	red		S. DATE OF 1	O SIRTH		-	S. AGE (In year last Brithday)	yrs.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
caur	BIRTHPLACE (State htry)  Mary  ITY OR TOWN OF SALISB	land DEATH	7b. CITIZEN	U.S.		WIDOWEI	nat in haspital	RCED 12a. USI	JAL OCCU	IPATION (I	EATH MICO Kind af wark of fe, even if retin	done red.)	12b. KIND OF	Mc BUSINESS OR
13a. admi	USUAL RESIDENC ssian) STATE	E (Where dece	eased lived, if nd 13b. CO	institution:	Residence before	13c CITY C	or TOWN ridge	13d. INSIDE CITY		13e. STRE	et and numbi	ER		
	ATHER'S NAME	First James		ddle	last Sims		IS. MOTHER'S A		First		Mide	lle	Jackso	lost O D
16a. Y	was DECEASED es, no, ar unknaw	EVER IN U.S. A	RMED FORCES? we war or dotes of se	vicel	SOCIAL SECURITY	NO. 17	. INFORMANT		ker	son		ess Ph	nila-H	Pa.
	Canditians, if a rise ta immedistating the unlast.	ny, which gav iate cause (a derlying caus	DUE TO	D, OR AS A D), OR AS A C)	(a), (b), and (c). UTE CORO CONSEQUENCE OF CONSEQUENCE OF	D ART	erios <b>ci</b>	EROSIS					BETWEEN C	ONSET AND DEATH
CERTIFICATION	PART 2. OTHER 4201 19a. DATE OF OP		B. LAT	ERAL .	TO DEATH BUT N AMPUTEE OPERATION WAS PE		20a. AUT	OPSY?		20b. IF Y	ES, WERE FINDI	NGS CO	NSIDERED IN C	ERTIFYING
MEDICAL CERT	21a. ACCIDENT OR CONTRIBUTIN (If either, natiff 21d. INJURY OC While Nat	eg CAUSE OF C y medical exa CCURRED 2 while 2	MOUI	P.M.	URY anth Day Year  IOME, FARM, STREET, FA CE BUILDING, ETC.	9	HOW INJURY O	CCURRED (Ent	er nature		in Part I ar Po	ort 2, 1t	em 18.) Caunty	State
	saw th	f <b>y</b> that (I) ( e deceased stated obc	alive an	•	ed the deceas	9a	nd that in (r r deoth.		pinion o	to death oc			e ond hour	t (I) (we) las and fram the
	22d. PHYSICIAN NAME (Typ	l'S	N	N	May	od CI <sub>DE</sub>	GREE PHYS.  22e. AC		MED. DIRECTOR	R $\square$	STAFF PHYS.			
	BURIAL, CREMAT REMOVAL (Speci BUT 1	ify) 4	b. DATE	68	23c. NAME OF	quin	R CREMATORY	V2Sa. REC'D	By REGIS	tipo	City ar Tawn	ico	(Caunty)	(State) Md
6	linto	2天	St	lly	2.4	Seele	1 Mo	DATE MA	AY	2 19	68 /	Ma	res je	-

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove corban pages, and the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within (2 in Page 4 may be retained by the hospital or attending physician.

> VR A 5 (4) 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06358 06364 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR (Type or print) Yeor 441 4. RACE S. DATE OF BIRTH 6. AGE (In years lost birthdoy) IF LINDER 1 YEAR IF LINDER 24 HRS 3. SEX MONTHS HOURS 24 haurs 7a, BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED Wicomico country) WIDOWED K DIVORCED [7] Md. physician and completely filled en please remove carban pap ar removal, and in any event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within Salisbury Rice preenodos all a General Hospirtands of working life, even if retired.) INDUSTRY 13e. STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR JOWN 13d INSIDE CITY LIMITS? 13b. COUNTY NO [ YES 🔀 14. FATHER'S NAME Middle Middle Lost 1S. MOTHER'S MAIDEN NAME First Last 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITYMO 17. INFORMANT Address (If yes give war or dates of service) Yes, no, or unknown) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per lipe of o),
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) crematian, DUE TO, OR AS A CONSEQUENCE OF the Conditions, if ony, which gove ) burial-transit rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF physician. stoting the underlying couse burial CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PAR as the be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? NO [ YES [ with the State Dept. of Health 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. shauld be detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION OFFICE BUILDING, ETC. 21d. INJURY OCCURRED Street or R.F.D. No. City or Town Stote County While Not while at wark 22a. I certify that (1) (this hospital) attended the decased fromsaw the deceased alive on that causes stated abaye (I) (we) (did (did not) yiew the bady after death. and that in (my) (our) opinion death occurred on the dote and hour and from the 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF directar, page 3 shauld be filed v DEGREE PHYS. DIRECTOR PHYS PHYSICIAN'S 22d. 22e. ADDRESS NAME (Type) 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. ADCATION (City or Town) (Stote) (County) REMOVAL (Specify 250. REC'D BY REGISTRAR DATAPR 18 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

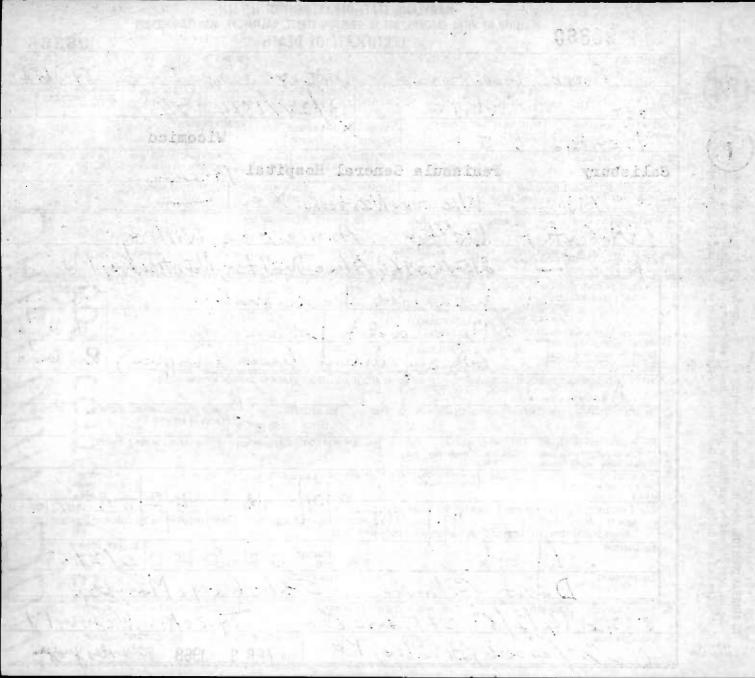
06359.	DIVISION OF VITAL RECORDS,		RESTON STREET, BALTII	MORE, MARYLAND 21201	063	65
1. DECEASED-NAME First	Middle		Last	2g. DATE OF DEATH		2b. HOUR
(Type or print) Willia	Lewis	1	Wagstaff	April 27	1968 2	:55PM
3. SEX	4. RACE		S. DATE OF BIRTH	Land Linds and	UNDER 1 YEAR OF U	NOER 24 HRS.
Male	Colored		November 2	, 1891 last birthday) YRS.	Mins ONTS HOU	JKJ MIN.
7o. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED WIDOWED	MEASK WAKKIED	COUNTY OF DEATH Wicomico		Md
10. CITY OR TOWN OF DEATH Salisbury	11. NAME OF HOSPITAL OR IN give street address)  Deer s HeadSt	STITUTION (If	nat in haspital 12a. USUAL during mas	OCCUPATION (Kind of work done st of working life, even if retired.) red Coal Miner	12b. KIND OF BUSH INDUSTRY Coal Mir	NESS OR
	d lived, if institution: Residence before	13c. CITY O		175? 13e. STREET AND NUMBER		
14. FATHER'S NAME First Abe Wag	Middle Last staff		S. MOTHER'S MAIDEN NAME FIR Lucy Anne	st Middle e (maiden name unl		ost
16a. WAS DECEASED EVER IN U.S. ARME Yes, na grunknawn) (If yes give wa	To FORCES? 16b. SOCIAL SECURITY 232-12-4		INFORMANT Mrs. Mable Was	Address gstaff, Mardela Sp	rings. N	Md.
ID CAUSE OF DEATH /Enter only	ane cause per line far (a), (b), and (c)				APPROXIMATE I	NTERVAL
division of the second			Embolus		1 Hr.	ING DEATH
440 G	DUE TO. OR AS A CONSEQUENCE OF					
Canditians, if any, which gave	(b) Generaliz	ed Art	eriosclerosis			
nse ta immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF					
4500	DITIONS CONTRIBUTING TO DEATH BUT N Anthracos		O THE TERMINAL DISEASE ORCO	INDITION GIVEN IN PART 1(a)		
190. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY? YES ■ NO □	20b. IF YES, WERE FINDINGS CON: CAUSES OF DEATH?	SIDERED IN CERTIF	YING
21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  (If either, notify medical examina	HOUR A.M. Manth Day Year		OW INJURY OCCURRED (Enter	nature of injury in Part 1 ar Part 2, Iter	n 18.)	
While Not while	PLACE OF INJURY ( AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	- (190			Caunty	State
22o. I certify that (I) (this saw the deceased oli couses stated obove	s hospitol) ottended the deceos ve on 1/27/68 (I) (we) (did) (did not) view the	ed from_ 19, on body ofter	1/31/66 , 19 d that in (my) (our) opin death.	to 4/27/66, 19_ion deoth occurred on the dote	ond hour ond	(we) lost from the
22b. SIGNATURE Verles N	12 muacott	DEG	REE PHYS. ME	D STAFE 22c. DA	ril 27,	
22d. PHYSICIAN'S NAME (Type) Char]	es H. Winnacott,	M.D.	Box 2018,	Salisbury, Md	21801	
23a. BURIAL, CREMATION, REMOVAL (Specify) Ma			Cemetery	23d. LOCATION (City or Town)  Salisbury, Mary	, ,,	tate)
24. FUNERAL DIRECTOR from Frampton fr	Federalsburg harge		2Sa. REALLY DATE	REGISTRAR 3 1968 25b. REGISTRAR'S SIG	GNATURE	2

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funes director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages Lanshauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after de Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV. 1/68

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06350 CERTIFICATE OF DEATH Middle 20. DATE OF DEATH 2b. 1. DECEASED-NAME First 24 haurs after death. Month Yeor (Type or print) Doy IF LINDER 1 YEAR IF UNDER 24 HRS 3. SEX 6. AGE (In years DAYS HOURS last birthdoy) MONTHS 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED Wicomico country) DIVORCED WIDOWED 12o. USUAL OCCUPATION (Kind of work done IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR PHYSICIAN: The law requires that the death certificate be executed within Hospitant of working life, eyen if retired.) INDUSTRY Salisbury or remaval, and in any event, wi attending physician was carbai marmit. Then please remaye carbai 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 14. FATHER'S NAME 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, no prounknown) 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) crematian, Conditions, if ony, which gove ) burial-transit rise to immediate couse (a), signed by DUE TO, OR stating the underlying couse burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT \$10 OF RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN as the O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES [ NO F of for use be retained by the hospital ar 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor P.M. (If either, notify medical examiner) be detached (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from 19 5, and that in (my) (aux) apinian death accurred an the date and haur and fram the saw the deceased alive ancauses stated abave (I) (viii) (did) (did not) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED STAFF PHYS. ATTENDING MED. DIRECTOR DEGREE PHYS. 22d. PHYSICIANS 22e. ADDRESS NAME (Type) director, 230. BURIAL, CREMATION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY 23b DATE (County) 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06361 CERTIFICATE OF DEATH 06367 executed within 24 hours after deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. CITY OR TOWN (If outside corporate limits, MARYI AND Micomico c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. write RURAL and give nearest town) Salisbury Salisbury filled in the papers. e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Second St. YES NO 128 Second 3. NAME OF ¥. Middle 4. DATE pon First Month Doy Year completely DECEASED .1968 19 COL (Type or print) Wallace DEATH S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED **NEVER MARRIED** In veors remove 8 dost birthdoy) Months Dovs Hours April 9,1885 and in ony WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) ottending physician oermit. Then please INDUSTRY COUNTRY? ATTENDING PHYSICIAN: The law requires that the deoth certificate Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removol, William Church Mary Church 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address permit. Salis- Md. (Yes, no, or unknown) (If yes give wor or dotes of service 218-50-1484 Anthony Burris cremotion, 18. CAUSE OF DEATH (Enter only one couse per signed by the buriol-tronsit puriol, cremotic PART I. DEATH WAS CAUSED BY ONSET AND IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse os the lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) of OR CONTRIBUTING CAUSE OF DEATH

20d. INJURY OCCURRED

Not While

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be retoined by the hospitol or ottending physician. 10 FUNERAL DIRECTOR: After this certificate has been

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page 3

Stote |

director, pa should be f VR A15 (4) 20 M 1/66 22c. PHYSICIAN'S NAME (Type)

21. I certify that (I) (this hospital) ottended the deceased fram

(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year

saw the deceased alive on

Hour o.m.

220. SIGNATURE

23g. BURIAL CREMATION

REMOVAL (Specify)

FUNERAL DIRECTOR

**ATTENDING** PHYS

Acres

NAME OF CEMETERY OR CREMATORY

20e. PLACE OF INJURY (Home, form,

and that death occurred at

foctory, street, office bldg., etc.)

MED. DIRECTOR

PHYS

(City or town)

22b. DATE SIGNED

(County)

(Stote)

23d. LOCATION (City or Town)

2 am, from causes and on the date stoted above.

2So. REC'D BY REGISTRAR

lisbury Wicomico 25b. REGISTRAR'S SIGNATUR

Designation of the		
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H-10-30.		

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

36368

06362 DECEASED-NAME Middle Last 2a. DATE OF DEATH 2b. HOUR First (Type or print) Month attending physician and campletely filled in by the funeral permit. Then please remave carban papers. Pages 1 and on, ar remaval, and in any event, within 72 haurs after definents. GARDNER WHEATLEY SAMUEL IF UNDER 24 HRS. IF UNDER 1 YEAR SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years HOURS lost birthdoy) 78 2-10.1890 White Male 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED country) Wicomico DIVORCED [ WIDOWED [ Maryland 10. CITY OF TOWN OF DEATH 1). NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR General Hospital during most of working life, even if retired.) Uwner give street address) Peninsula Salisbury Peninsula Go 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b COUNTY CO Salisbury NO x Rt#1 15. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Middle Last Arianna White Wheatlev Charles Henry 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no, ar unknawn) Yes (If yes give war or dates of service) Mrs. Minnie H. Wheatley, See Sec. 13 217-36-0124 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse last. burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO 🗀 of Health 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical exominer) be detached (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street ar R.F.D. Na. 21d. INJURY OCCURRED 21e. PLACE OF INJURY County Stote City or Town While Not while at work 196X, to\_ 22a, I certify that (I) (this hospital) attended the deceased from 4-4-15 1968, and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceosed olive-oncouses stoted above (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** MED. DIRECTOR X DEGREE directar, page shauld be filed PHYS. 22d. PHYSICIAN'S 22e. ADDRESS Medical Center Salisbury, Maryland NAME (Type) Dr. Wilber R. Ellis, Jr. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23b. DATE 23a. BURIAL, CREMATION, SiLOAM REMOVAL (Specify)
Burial SILOAM CemeTery WICOMILO 2Sb. REGISTRAR'S SIGNATURE Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Hill Funeral Home Salisbury, Maryland 1968

DATE

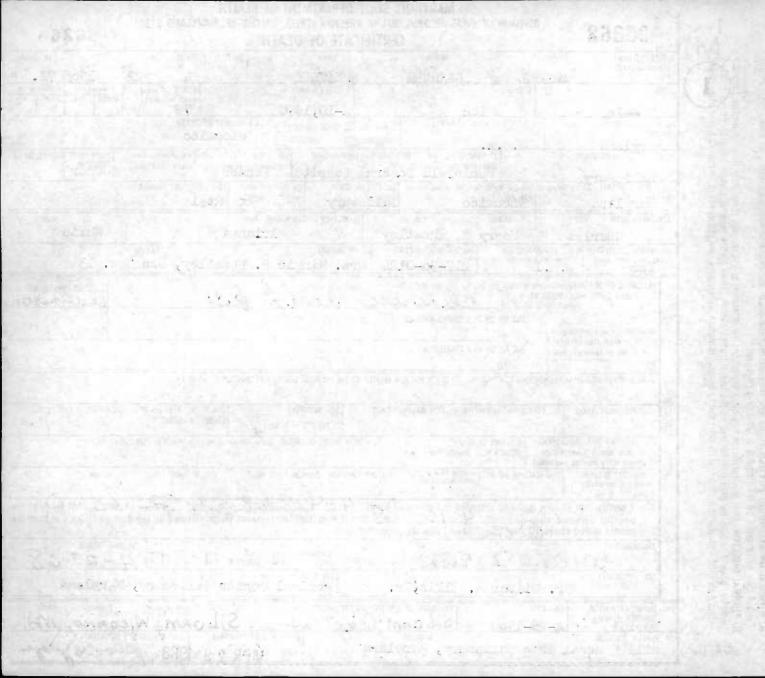
VR A15 (4)

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

by the haspital ar attending

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O FUNERAL DIRECTOR: After this certificate has been



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MARYLAND STATE DEPARTMENT OF HEALTH Ttem 28 Film G309 OF VITAL RECORDS 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 163 . 0 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE DECEASED-NAME -2a. DATE KNOWN (Type or Print) ESTI-Wright OF 3 to Ruben James DEATH MATED 19 68 IF UNDER 24 HRS. 3. SEX 4. RACE 6. AGE (in years IF UNDER 1 YEAR 2d. HOUR S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 68 pud bireday) Day AA 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH forn WIDOWED DIVORCED [ Wicomico in Item 18. Give Pages land 2 with the Stote 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USWAL OCCUPATION (Kind of work done 24 hours ofter deoth 12b. KIND OF BUSINESS OR Exominer's Office olong with during most of warking life, even if retired.) Salisbury 00 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Wicomico Salisbury YES X NO 709 Rose St. admission) STATE Md. ofter 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Middle pages haurs 16b. SOCIAL SECURITY NO This certificate should be executed within in pencil (If yes give war or dates of service) within APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. Page 4 should be forwarded to the Chief Medical BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Status Epilepticus DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES X execute the certificate, 21g. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should 21b. TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) FUNERAL DIRECTOR: Page WHILE NOT WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy XI, Inspection X. Inquiry X and in my apinian death resulted fram: Natural causes . Accident . Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER O DEPUTY April 4. 1968 EXAMINER'S Earl Royer, DEPUTY MEDICAL EXAMINER Heolth Salisbury, Md . ADDRESS(Street, city, tawn, or county) NAME (Type) 09 Camden Avel 0 24. FUNERAL DIRECTOR ADDRESS VR A15ME (5) Booker West Funeral Home, Salisbury, Mc

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